Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	T hit the REFRESH/RELOAD button on your browser from the page. Doing so will generate another cover sheet.	SECKE (S)	2020 FEB 27	
To:	Division of Corporations	<u>~!</u>		اح.
	Fax Number : (850)617-6381		PH k:	
From:	Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES Account Number : 075350000353 Phone : (800)221-2972	5≓ S; INC.	4	
**Enton the em	Fax Number : (718)889-7420 ail address for this business entity to be used for futu	ine	2020 FEB	
annual re	port mailings. Enter only one email address please.**	21 6	EB 27	
Email Add	ress:		PH I	
FLOF	RIDA PROFIT/NON PROFIT CORPORATION	ÝZÁS SALS	կ։ կ8	ţ

LRNpartners Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINC			Mailing addr	ess, if different is:		
Principal street address						
2453 Sea Avenue		2453	Sea Avenue			
Indialantic FL 32903		India	Indialantic FL 32903			
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:					
To engage in any lawfu	act or activity for which corporations ma	ay be organized	L 			
				<u> </u>		
				ALLUMAN PED		
	20					
ARTICLE IV SHARE The number of shares of				27		
ARTICLE V INIȚIA	L OFFICERS AND/OR DIRECTORS			PH to		
Name and Title	Rosemarie Gambino Director	Name and	Title:			
Address	2452 Sen Avenue	Address:				
• • • • • • • • • • • • • • • • • • • •	Indialantic FL 32903	<u> </u>				
		<u>_</u>	****			
Name and Title:		Name and	Title:			
Address		Address:				
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Name and Title:		Name and	Title:			
Address		Address:				

Name a	and Title:	Name and T	itle:
Addre	ss	Address:	
ARTIČI E VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable)	of the registered	agent is:
Name:	Rosemarie Gambino	Ū	•
Address:	2453 Sea Avenue	· -	
	Indialantic FL 32903	· ••	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Rosemarie Gambino		
Address:	2453 Sea Avenue		
	Indialantic FL 32903		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective days after the fi	f other than the date of filing: date is listed, the date must be specific and cann filing.)	ot be more than	OPTIONAL) n five business days prior or 90 business
Note: If the date the document's e	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing	requirements, this date will not be listed as
Having been not this certificate A	med as registered agent to occept service of proces who familiar with and accept the appointment as re	n for the above : gistered agent a	stated corporation at the place designated in nd agree to act in this capacity
x 5	2.2.171.11 Required Signature/Registered Agent		2/21/20
			· / Date
I submit this doc document to the	ument and affirm that the facts stated herein are Department of State constitutes a third degree felot	true. I am ava	re that the false information submitted in a
NOT HOTELD BY THE	are constituted a constitute of constitutes a constitute of constitutes as consti	ry no provided ja	(1 to 300 \$ 1 t \$ 2 \$ y \$ t \$ t \$
XCC	maia cont rice		3/24/20
Requi	red Signature Incorporator		Date