

P95000021926
SPIELER & ASSOCIATES, P.A.

STANLEY H. SPIELER
GREGG SPIELER
SYDNEY E. SCHEINMAN
MICHAEL J. EISLER
JEFFREY H. SHOOTSTINE
JAMES L. WALL, III
SAM SILVERGLATE

SUITE 200
4700 DISCAYNE BOULEVARD
MIAMI, FLORIDA 33137
TEL: (305) 873-7800
FAX: (305) 873-4080

March 15, 1995

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 33214

Re: Network Education Centers Latin America, Inc.
Articles of Incorporation
Our File No. 12959.308

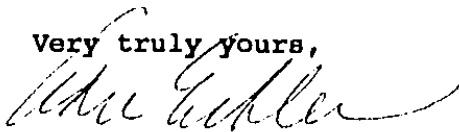
Dear Sir/Madam:

Enclosed please find original Articles of Incorporation for Network Education Centers Latin America, Inc. together with check payable to you in the sum of \$122.50 representing your filing fee.

A self-addressed, prepaid envelope is enclosed.

Should you have any questions, please do not hesitate to contact your undersigned.

Very truly yours,



Adri Eichler
Paralegal

ae/enclosures
12959.308/1796

ARTICLES OF INCORPORATION

The undersigned, desiring to incorporate a corporation under the provisions of the Florida General Corporation Act, does hereby certify:

1. The name of the Corporation is:

NETWORK EDUCATION CENTERS LATIN AMERICA, INC.
2. The term for which the Corporation is to exist is perpetual.
3. The general nature of the business to be transacted by the Corporation shall be to engage in and to do any lawful act permitted under the laws of the United States of America and of the State of Florida.
4. The aggregate number of shares of capital stock which the Corporation shall have the authority to issue is One Thousand (1000) shares of common stock having a par value of One Dollar (\$1.00) each.
5. The initial registered office of the Corporation shall be located at SPIELER & ASSOCIATES, P.A., 4700 Biscayne Boulevard, Suite 200, Miami, Florida 33137, and the initial Registered Agent shall be MICHAEL J. EISLER. The principal place of business of the Corporation shall be located at 8200 N.W. 27th Street, Miami, Florida 33122.
6. The initial Board of Directors shall be comprised of one member.

The names and addresses of the initial Directors are:

<u>Name</u>	<u>Address</u>
Eric Schaer President	8200 N.W. 27th Street Miami, Florida 33122
Eric Schaer Vice President	8200 N.W. 27th Street Miami, Florida 33122
Eric Schaer Secretary	8200 N.W. 27th Street Miami, Florida 33122

7. The name and address of the sole incorporator hereof is:

<u>Name</u>	<u>Address</u>
Eric Schaer	8200 N.W. 27th Street Miami, Florida 33122

8. The formation of the Corporation shall be effective as of the date hereof.

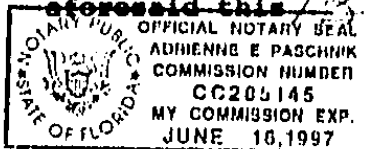
IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 15th day of March, 1995.

Eric Schaer

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Eric Schaer who, upon being first duly sworn, acknowledged that he executed the foregoing document freely and voluntarily and for the purpose therein expressed. [X] He is personally known to me and took an oath. [] Presented for identification: _____

WITNESS my hand and official seal in the County and State last ~~fore~~ said this 15th day of March, 1995.



Adrienne E. Paschuk
NOTARY PUBLIC, State of Florida

Print Name: ADRIENNE E PASCHUK
My commission expires: _____

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, MICHAEL J. EISLER, of SPIELER & ASSOCIATES, P.A., with offices at 4700 Biscayne Boulevard, Suite 200, Miami, Florida 33137, accept the appointment of Registered Agent of NETWORK EDUCATION CENTERS LATIN AMERICA, INC., as provided in F.S. Chapter 48.091.

Michael J. Eisler
MICHAEL J. EISLER

SEP 17 PM 3:18

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 21926

1 Corporation Name

NETWORK EDUCATION CENTERS
LATIN AMERICA, INC.

Principal Place of Business

8200 NW 27th Street
Ste. 102

Miami, Florida 33122

Mailing Address

8200 NW 27th Street
Ste. 102

Miami, Florida 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3 New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

9600

4 Date Incorporated or Qualified To Do Business in Florida 11/15/1995

5 FEI Number

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	ERIC A. SCHAEER	825 MAJORCA	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

MICHAEL J EISLER
4700 Biscayne Blvd
Ste. 200
Miami, Florida 33137

9. Name and Address of New Registered Agent

Name
Josh Bennett, ESA.
Street Address (P.O. Box Number is Not Acceptable)
200 S Biscayne Blvd.,
Suite, Apt. #, Etc.
Ste. 1050
City
Miami, State
FL Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Josh Bennett

REGISTERED AGENT MUST SIGN

Date 10/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

ERIC SCHAEER

10/16/96

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE040 (12-95)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-0071
904-222-0393 FAX

800-342-0086



ACCOUNT NO. : 072100000032

REFERENCE : 124797 4346978

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 383.75

ORDER DATE : October 18, 1996

ORDER TIME : 9:59 AM

ORDER NO. : 124797-010

CUSTOMER NO: 4346978

CUSTOMER: Joshua Bennett, Esq
Schantz Schatzman & Aaronson,
Suite 1050
200 South Biscayne Boulevard
Miami, FL 33131-2394

DOMESTIC FILINGS

NAME: NETWORK EDUCATION CENTERS
LATIN AMERICA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Clint Fuhrman

EXAMINER'S INITIALS _____