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TRANSMITTAL LETTER

FILED

95 MAY -1 PM 12 21

SECRET

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-05/01/95--01054--001
****131.25 ****131.25

SUBJECT: COMPUTER TUTORS OF THE SILVER COAST, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: SUSAN R. CLARK
Name (printed or typed)

31 LIGHTHOUSE POINT

ROUTE 2, BOX 4504-20
Address

CRAWFORDVILLE, FLORIDA 32327
City, State & Zip

904/488-9504

Daytime Telephone number

pick up
1:00 PM.

NANCY HENDRICKS MAY - 1 1995

NOTE: Please provide the original and one copy of the articles.

FILED
95 MAY -1 12:21
CLERK

ARTICLES OF INCORPORATION OF
COMPUTER TUTORS OF THE SILVER COAST, INC.

The undersigned Incorporators for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

NAME

The name of the Corporation shall be **COMPUTER TUTORS OF THE SILVER COAST, INC.**

ARTICLE II

NATURE OF BUSINESS AND PRINCIPAL OFFICE

The Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida. The primary nature of the business shall be computer software training and computer sales. The principal office of business and mailing address of the Corporation shall be: **31 LIGHTHOUSE POINT, LIVE OAK ISLAND, ROUTE 2, BOX 4504-20, CRAWFORDVILLE, FLORIDA, 32327.**

ARTICLE III

SHARES

The number of shares of stock that the Corporation is authorized to have outstanding at any one time is 500 shares of common stock with a par value of One Dollar (\$1.00) per share.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: **SUSAN R. CLARK, 31 LIGHTHOUSE POINT, LIVE OAK ISLAND, ROUTE 2, BOX 4504-20, CRAWFORDVILLE, FLORIDA, 32327.**

ARTICLE V

INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

**RICHARD WAYNE CLARK
31 LIGHTHOUSE POINT
LIVE OAK ISLAND
ROUTE 2, BOX 4504-20
CRAWFORDVILLE, FLORIDA 32327**

**SUSAN R. CLARK
31 LIGHTHOUSE POINT
LIVE OAK ISLAND
ROUTE 2, BOX 4504-20
CRAWFORDVILLE, FLORIDA 32327**

ARTICLE VI

BOARD OF DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
SUSAN R. CLARK	31 LIGHTHOUSE POINT LIVE OAK ISLAND ROUTE 2, BOX 4504-20 CRAWFORDVILLE, FL 32327	PRESIDENT TREASURER
RICHARD WAYNE CLARK	31 LIGHTHOUSE POINT LIVE OAK ISLAND ROUTE 2, BOX 4504-20 CRAWFORDVILLE, FL 32327	VICE-PRESIDENT SECRETARY

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RICHARD WAYNE CLARK
31 LIGHTHOUSE POINT
ROUTE 2, BOX 4504-20
CRAWFORDVILLE, FLORIDA 32327

SUSAN R. CLARK
31 LIGHTHOUSE POINT
ROUTE 2, BOX 4504-20
CRAWFORDVILLE, FLORIDA 32327

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1ST day of MAY, 1995.

Richard Wayne Clark

Signature

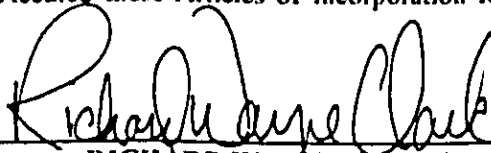
Susan R. Clark

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

IN WITNESS WHEREOF, we, the undersigned, being the original incorporators herein named, have executed these Articles of Incorporation for the uses and purposes therein stated.


RICHARD WAYNE CLARK


SUSAN R. CLARK

STATE OF FLORIDA
COUNTY OF LEON


I HEREBY CERTIFY that on this 5th day of April, 1995, personally appeared, before me the undersigned authority

RICHARD WAYNE CLARK

SUSAN R. CLARK

To me well known and known to me to be the persons described herein and who acknowledged to me that they executed the foregoing Certificate of Incorporation as their free act and deed for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, on the date last above written.



4/5/95

My Commission Expires:



ELIZABETH ANN POPPELL
MY COMMISSION # CC281512 EXPIRES
July 1, 1997
BONDED THRU TROY FAIR INSURANCE, INC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: COMPUTER TUTORS OF THE SILVER COAST, INC.

2. The name and address of the registered agent and office is:

SUSAN R. CLARK

31 LIGHTHOUSE POINT

ROUTE 2, BOX 4504-20
(P.O. Box not acceptable)

CRAWFORDVILLE, FLORIDA 32327

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Susan R. Clark

(Signature)

MAY 1 1995

(Date)