FAX: (904) 922-4000 documents to the Division of Corporations. Your decument cannot be processed without the information contained on this page. Remember to type the Fax Audit (((855000007538))) TO: DIVISION OF CORPORATIONS Note: Please print this page and use it as a cover sheet when submitting number on the top and bottom of all pages of the document. ENTER SELECTION AND <CR>: \*\* ENTER 'M' FOR MENU. \*\* (({H95000C07538})) TAX AUDIT NUMBER: H95000007538 STAIR OF FLORIDA CERTIFIED COPIES: TALLAHASSER, FL 32399 409 EAST GAINES STREET DEPARTMENT OF STATE MUMBER OF PAGES: DATE REQUESTED: 07/07/1995 NAME: VOICE INSTITUTE OF SOUTH FLORIDA, INC. DOCUMENT TYPE: CONTACT: JOEL T. STRAWN PHONE: (407) 278-9400 FROM: SIRAWN & MONAGHAN, P.A. TAX: (407) 278-9462 CERTIFICATE OF STATUS: KETHOD OF DELIVERY: FAX 54 NE 4TH AVE DEIRAY BEACH FL 33483-PLORIDA PROFIT CORPORATION OR P.A. CURRENT STATUS: REQUESTED ACCOUNT HUMBER: 076215000176 TIME REQUESTED: 10:40:42 33483-OR AUDY R. JOHNSTON -7 PH 3: 42 SECRETARY OF STATE

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ARTICLES OF INCORPORATION

OF

VOICE INSTITUTE OF SOUTH PLORIDA, INC.

<u> Articlo I. - Name</u>

The name of this corporation is VOICE INSTITUTE OF SOUTH

### Article II. - Purposs

This corporation is organized for the purpose of transacting any lawful business.

# article III. - Capital Stock

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares of common stock, consisting of one class, and having a par value of \$1.00.

# Articlo IV. - Preemptive Right

the shareholders of this corporation, having the same kind, class or series of stock, shall have the preemptive right to purchase, at the price which it is offered to others, a pro rata share (as nearly as may be done without issuance of fractional shares) of unissued or treasury shares of the corporation; or securities of the corporation convertible into or carrying a right to subscribe to or acquire shares.

### Article V. - Principal Office or Mailing Address: Resident Agent

The mailing address of the corporation and the initial

TIMOTHY E. MONAGHAM, ESQUIRE STRAWN & MONAGHAM, P.A. 54 M. R. POURTH AVENUE DELRAY BEACE, FL 33483 (407-278-9400 EAR NO. 699871

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registered office of this corporation is 54 N. E. Fourth Avenue, Delray Bouch, Florida 33483, and the name of the initial registered agent of this corporation at that address is TIMOTHY E. HONAGHAN.

# Articla VI. - Initial Board of Directors

This corporation shall have two (2) Directors initially. The number of directors may be either increased or decreased from time to time through Bylaws adopted by the shareholders, but shall never be loss than one (1). The names and addresses of the initial Directors of this corporation are:

### ADDRESS

Audy R. Johnston (Director/President)

54 N. E. Fourth Avenue Delray Boach, FL 33483

Timothy E. Monaghan (Director/Secretary/ Treasurer) 54 N. E. Fourth Avenue Dolray Beach, Fl 33483

## Article VII. - Incorporator

The name and address of the Incorporator signing these Articles of Incorporation is:

#### NAME

#### ADDRESS

Timothy E. Monaghan

54 N. E. Fourth Avenue Delray Beach, FL 33483

# Article VIII. - Bylaws

The power to adopt, alter, amend or repeal Bylaws shall be vested in the Board of Directors and the shareholders; except those Bylaws that may be adopted by the shareholders, and designated as such shall not be altered, amended or repealed by the Directors.

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#### Article IX. - Amondment

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITHESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on July 7, 1995.

Timothy E. Monaghan, Incorporator

STATE OF FLORIDA

: aa (

COUNTY OF PALM BEACH)

I HERHBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared TIMOTHY E. MONAGHAN, who is/are personally known to me or who has produced as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this day of Life , 1995.

Notary Public ( Priest

Print Name: CARU T PRIEST

My Commission Expires: 5-/26/99

#2 C:N-OTHERING2304NARTICHES. VIS July 7, 1995

MY COMMISSION & CO

# CHRIFICATE DEDIGNATING PLACE OF BULLINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN PLORIDA, MANING AUGHT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 607.0501, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

PIRET -- THAT VOICE INSTITUTE OF SOUTH FLORIDA, INC., DESIRING TO ORGANIZE OR QUALITY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF DELRAY BEACH, STATE OF FLORIDA, HAS NAMED TIMOTHY E. MONAGHAN, LOCATED AT 54 N. E. FOURTH AVENUE, CITY OF DELRAY BEACH, STATE OF FLORIDA, AS TTS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE (COMPONATE OFFLOER)

TITLE: President

DATE: July 7, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT DESIGNATION AS THE REGISTERED AGENT FOR THE STATED CORPORATION, AND I HEREBY STATE THAT I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS PROVIDED FOR IN SECTION 607.0505, FLORIDA STATUTES (1989).

SIGNATURE (RESIDENT AGENT)

DATE: July 4, 1995

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