

# P95000055319

## TRANSMITTAL LETTER

000001537200  
-07/13/95--01075--011  
\*\*\*\*122.50 \*\*\*\*122.50

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

SUBJECT: The Institute of Florida, Inc.  
(Proposed corporate name)

FILED  
95 JUL 13 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 122.50.

### FROM:

Arthur Lungi

Name (printed or typed)

199 Fairmont Way

Address

Ft. Lauderdale, FL 33326

City, State, & Zip

(305) 389-7892

Telephone Number

(305) 786-3332

Arthur Lungi GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Corp. name + Shares  
DATE 7-18-95  
QOC. EXAM KUH

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

7-18-95

**ARTICLES OF INCORPORATION**

**OF**

FILED

95 JUL 13 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Institute of Florida, Inc.

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

The Institute of Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

199 Fairmont Way  
Ft. Lauderdale, FL 33326

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 Share

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Arthur Lungi  
199 Fairmont Way  
Ft. Lauderdale, FL 33326

**ARTICLE V INCORPORATOR(S)**

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

Arthur Lungi  
199 Fairmont Way  
Ft. Lauderdale, FL 33326

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

23 day of June, 19 95.

Arthur Lungi  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee -**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 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: \_\_\_\_\_  
The Institute of Florida, INC. \_\_\_\_\_
2. The name and address of the registered agent and office is:
- Arthur Lungi \_\_\_\_\_  
(Name)
- 199 Fairmont Way \_\_\_\_\_  
(P.O. Box NOT acceptable)
- Ft. Lauderdale, FL 33326 \_\_\_\_\_  
(City/State/Zip)

FILED  
95 JUL 13 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

SIGNATURE \_\_\_\_\_

*Arthur Lungi*

DATE \_\_\_\_\_

*June 23, 1995*

**REGISTERED AGENT FILING FEE:**

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314