(SAMPLE LETTER OF TRANSMITTAL)

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Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 ::41]10.10.10.11.13.553.755335543 - 002/002/15 - 01/00/3--110/5 -++++122.50 - ++++122.50

| Re: | Charler | Studies | 1 | nc. |
|-----|-----------------------|---------|---|-----|
| | (name of corporation) | | | |

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122,50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

Charter Studies for (name of corporation)

MAILING ADDRESS OF CORPORATION

2917 S Atlantic Ave. Unit

502

Daytona Beach Sheers F1

32118 PHONE

(904) 756.4978

Area Code Number Ext.

ARTICLES OF INCORPORATION

(hadre & fortee) location) The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE 1 - CORPORATE NAME The name of the corporation is: Charles . Stadio, luc ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 1000 shares (Theorem) of 3 01 Dollar(s) (\$. 0 | _____) par value Common Stock, which shall be designated "Common Shares." ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: Matthew A Vent NAME 5. Atlanta ADDRESS ZIP 3 2/13 The principal office, if known, or the mailing adress of the corporation is: Mu the A Veal NAME Allantic Ave. Vail 502 ADDRESS Shores 32112 **FLORIDA** ZIP CLIA ARTICLE VI - INITIAL BOARD OF DIRECTORS This corporation shall have one () directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows: Mathen A Vect NAME Atlantic Ave Unit 502 ADDRESS ZIP 32(18 FI Shores STATE CITY NAME ADDRESS ZIP CILA STATE NAME ADDRESS CTIY STATE $ZIP_{\underline{}}$ FORM 215: ARTICLES OF INCORPORATION, PAGE 1 PAGE 1 SEMINOLE-MIAMI 012593

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| ony Parlan Beach Strong | STATE (1) | ZIP 32118 |
|-------------------------|-----------|--|
| NAME | | |
| ADDRESS | | |
| CrtY | STATE | 2.09 |
| NAME | | |
| ADDRESS | | ************************************** |
| CITY | STATE | 20 |

| day of <u>August</u> , 19 <u>95</u> . | (, | |
|---------------------------------------|------------------|--------|
| , | Matole_a-Cl-Ven | (Scal) |
| | Vikri (God | (Scal) |
| | Karen Nevell Val | (Scal) |

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OFCharter Studies low.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 2917 S. Allantic Ave. Unit 502 Partono Beach Thoras F1 32118 has named Matthew A. Veal located at the aforesaid address, as its Registered Agent to accept service of process

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Matthew a. Val

within this state.

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