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

7*[10][170][1] 7*[653;2*[17]* -0.37;237:35*-0.1000-003 ******78.75******70.75

SUBJECT: Nettonal Madie & Fiber Optic Training Center

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

U\$70.00 Filling Fee

□\$122.50 Filing Fee

Additional Copy Required

95 RPR 10 MH 9: 24

FROM:

Gery P. Wright P.O.Box 580009 Montverde, FL 34756

APR 4 1996 BSB



FLORIDA DEPARTMENT OF STATE white tion

Sandra B. Mortham Secretary of State

April 4, 1996

GARY P. WRIGHT P. O. BOX 560099 MONTVERDE, FL 34756

SUBJECT: NATIONAL MEDIA & FIBER OPTIC TRAINING CENTER, INC. Ref. Number: W96000007259

We have received your document for NATIONAL MEDIA & FIBER OPTIC TRAINING CENTER, INC. and check(s) totaling \$78.75. However, the inclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Letter Number: 896A00015396

Brenda Baker Corporate Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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:

National Media & Fiber Optic Training Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mailing - P.O. Box 560099 Montverde, FL 34756
Location - 14239 C.R. 561 A Ferndale, FL 32729

****Classes will be held at various conventions, hotel conference rooms and at our corporate office.****

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Gary P. Wright 14239 C.R. 561A Ferndale, FL 34729

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Gary P. Wright -President- 16109 Hillside Circle Montverde, FL 34756. Randall I., Snyder -Vice-President- 830 Schumann Drive Vero Beach, FL

Deans K. Gonzales Treasurer. 325 E. Chester Street Minneola, FL 34755 Both Gearhart -Secretary- 15312 Stina Avenue Groveland, FL 34736

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27th day of Merch, 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature of Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

- 1. The name of the corporation is: National Media & Fiber Optic Training Center, Inc.
- 2. The name and address of the registered agent and office is:

Gary P. Wright 14239 C.R. 561A Ferndale, FL 34729 OF THE 10 FT 9: 25

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)

(Date)