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

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| SUBJECT: | | 0015, Inc. | fix) | |
|--|---|--|--|----|
| Enclosed is an originator: \$70.00 Filing Fee | and one (1) co \$78.75 Filing Fee & Certificate | py of the articles of \$122.50 Filing Fee & Certified Copy Additional Copy | incorporation and a checomology \$131.25 Filing Fee, Certified Copy & Certificate Required | sk |
| FROM: | Name (| R. Steele printed or typed) orth fedon R Address | Blvol | |
| | (904) | view FL 35 , State & Zip) 8L2-0108 Telephone number | 3536 | |

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

Teaching Tools, Inc. 926 North Ferdon Bivd Crestview, Florida 32538

Articles of incorporation

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

The name of the corporation shall be Teaching Tools, Inc.

Article N

The principal place of business and mailing address of this corporation shall be 926 North Ferdon Blvd Crestview, Florida 32536.

Article III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 200 shares.

Article IV

The name and address of the initial registered agent is Carla B. Steele, 926 North Ferdon Blvd Crestview, Florida 32536.

Article V

The names and addresses of the incorporators to these Articles of incorporation are Carla B. Steele 7706 Steele Mill Creek Road Laurel Hill, FLorida 32567 Judy M. Bowen 7721 Harper Road Laurel Hill, Florida 32567

The undersigned incorporators have executed these Articles of Incorporation this 13th day of August, 1996.

Carla B. Steele

Judy M. Rowen

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

| 2. The name as | nd address of the reg | istered agent and office is: | |
|----------------|-----------------------|--|--|
| | CAR | LA B. Steple | <u> </u> |
| | 924 C | byth Ferdon Blvd lox of Mail Drop Box NOT Acceptable) | —— · · · · · · · · · · · · · · · · · · |
| | _Cresty | CHYSTATEZE) | 2: 58 FLOOD |
| Having been n | amed as registered | agent and to accept service of p | rocess for the above statea |

(SIGNATURE)