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SECRETALIA SEE, FLORIDA

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

Nursing Education Study Systems, Inc. SUBJECT: (Proposed corporate name - must include suffix) 700001986527--1 -10/25/96--01100--015 ******78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **☑** \$78.75 \$70,00 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Judith M. Whedbee Name (Printed or typed) P.O. Box 353722 Address Palm Coast, FL 32135-3722 City, State & Zip

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

Daytime Telephone number

(904)437-9248

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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:

Nursing Education Study Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P. O. Box 353722 Palm Coast, FL 32135-3722

ARTICLE III SHARES

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

One thousand shares

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

Judith M. Whedbee 1818 Hazelnut St. P. O. Box 353722 Palm Coast, FL 32135-3722

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Judith M. Whodboo 1818 Hazolnut St. P. O. Box 353722 Palm Coast, FL 32135-3722

The undersigned in	ncorporator(s) has((have) executed these Ar	ticles of Incorporat	tion this	
12th day of _	October	, 19 <u>96</u>	_•		
(An additional artic	le must be added i	f an effective date is requ	iested.)		
The purpose nursing stu	dents.	poration is to p M. Whed Signature		tools	for
_		Signature		_	
_		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, 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:	Nursing	Education	Study	Systems,	Inc.
2.	The name and address of the register	ered agent and	d office is:	<u> </u>	SECRE	96 BCI
	Judith M.	Whedbee (Name)			ASSEE!	LED 25
			(P.O. Box		(2)	9.
	(P.O. Box	or Mail Drop Bo	X <u>NOT</u> ACCEPTA	BLE)		3m 00
	Palm Coas	<u> </u>				
		(CITY/STAT	re/Zip)			

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.

Judith M. Whedlie October 12, 1996
(SIGNATURE) (DATE)