P97000036771

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

EFFECTIVE DATE

SUBJECT:

Wellington College, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$131.25 to cover the cost of filing fee, certified copy and certificate.

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FROM:

Dr. Eugene Vinciguerra 7577 NW 50th Court Coral Springs, FL 33067

(954) 752-3047

97 APR 23 PH 1: 29
SECRETARY OF STATE

EFFECTIVE BATE

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 NAME

The name of the corporation shall be:

Wellington College, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7577 NW 50th Court Coral Springs, FL 33067

ARTICLE III SHARES

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

1000

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

Dr. Eugene Vinciguerra 7577 NW 50th Court Coral Springs, FL 33067

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Eugene Vinciguerra 7577 NW 50th Court Coral Springs, FL 33067

Joan Chin Vinciguerra 7577 NW 50th Court Coral Springs, FL 33067 97 APR 23 PM 1: 29 SECRETARY OF STATE

EFFECTIVE DATE

The effective date of this corporation shall be:

April 21, 1997

The undersigned incorporators have executed these Articles of Incorporation this 21st day of April, 1997.

Signature)

Signature)

Joan Chin Viniviguerra

(Signature)

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/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Wellington College, Inc.

2. The name and address of the registered agent and office is:

Dr. Eugene Vinciguerra 7577 NW 50th Court Coral Springs, FL 33067 97 APR 23 PH 1: 2
SECRETARY OF STATI

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)