

April 16, 1997

Judy Palmer 2124 Harden Blvd. Lakeland, FL 33803 700002162507--7 -05/01/97--01109--001 ****122.50 ****122.50

Dear Ms. Palmer:

Thank you for the opportunity to be of assistance to you again. Please find enclosed:

Your Transmittal Letter, Certificate of Designation of Registered Office and Registered Agent, and Articles of Incorporation for Camp Med Academy, Inc. which you will file with the Division of Corporations at the address provided below along with your check for \$122.50 for state filing fees and a certified copy.

Overnight or hand delivered:

Documents sent by regular US Mail:

Florida Department of State Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Joirell

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Thank you again and if we can be of assistance to you again in the future please call.

Sincerely,

Linda Morrell

General Manager

FILED

17 MAY -1 PN 12: 1

SECRETAL STATE
ALL AHASSEE FLORID

TRANSMITTAL LETTER

FROM:

Name of corporation:

Camp Med Academy, Inc.

Street address of the corporation:

2124 Harden Blvd., Lakeland, Florida 33803

TO CORPORATIONS DIVISION:

Please find enclosed:

- 1. An original Articles of Incorporation and one copy for the above named corporation.
- 2. A certified check or money order in the amount of \$70.00 for filing fees.

A certified copy is requested. The additional fee in the amount of \$52.50 is enclosed.

Please send responses or receipts concerning this filing to the above address. Thank you very much.

Date:

4-26.97

Name of Incorporator:

Jennifer Palmer

Signature of Incorporator:

PALLARIAN PHILE 18

ARTICLES OF INCORPORATION of





Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a forprofit corporation.

Article 1. The name of the Corporation is:

Camp Med Academy, Inc.

Article 2. The principal place of business and mailing address of this corporation is:

946 E. Orange, Lakeland, Florida 33801

Article 3. The corporation is authorized to issue one class of stock, that being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

Judy Palmer 2124 Harden Blvd., Lakeland, Florida 33803

Article 5. The name and street address of the incorporator of this corporation is:

Jennifer Palmer 2124 Harden Blvd., Lakeland, Florida 33803

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date:

Name of Incorporator:

Signature of Incorporator:

4-26-57

Jennifer Palmer

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of Camp Med Academy, Inc.'s registered agent and registered office is:

Name:

Judy Palmer

Street address: 2124 Harden Blvd., Lakeland, Florida 33803



Having been named as the registered agent and to accept service of process for Camp Med Academy, Inc. 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.

Name of registered agent:	Judy Palmer
Signature of registered agent:	- Audwhalmer
Date of signature:	4:2197