

P97 0000 52556

TRANSMITTAL LETTER

FILED

97 JUN 13 PM 2: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

000002211630--5  
-06/13/97--01058--017  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT:

Koala Learning Centers, Inc.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Dr. David A. Lustig  
Name (Printed or typed)

10963 Boston Drive  
Address

Cooper City, FL 33026-4938  
City, State & Zip

954-432-5328  
Daytime Telephone number

QW 6-13-97

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

# ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I Name

**KOALA LEARNING CENTERS, INC.**

## ARTICLE II Principal Office

**KOALA LEARNING CENTERS, INC.**

**10963 BOSTON DRIVE  
COOPER CITY, FL 33026-4938**

## ARTICLE III Shares

**ONE HUNDRED (100) SHARES OF STOCK**

## ARTICLE IV Initial Registered Agent & Street Address

**DR. DAVID A. LUSTIG  
10963 BOSTON DRIVE  
COOPER CITY, FL 33026-4938**

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ARTICLE V Incorporators

**Dr. David A. Lustig**  
10963 Boston Drive  
Cooper City, FL 33026-4938

**Alleen Lengyel, CCT, CVT.**  
10911 Lakeview South Drive  
Pembroke Lakes, FL 33026-3002

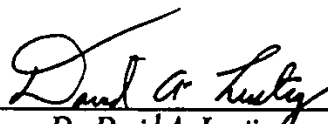
**Dr. Janie Thomas**  
3802 Waterways Blvd., Apt. 504  
Aventura, FL 33081

**Dr. Marvin Silverman**  
10917 Long Boat Drive  
Cooper City, FL 33026

**Dr. Michael Kondell**  
3802 Waterways Blvd., Apt. 504  
Aventura, FL 33081

**Sgt. Paul JT Lengyel (Ret.)**  
10911 Lakeview South Drive  
Pembroke Lakes, FL 33026-3002

The undersigned incorporators have executed these Articles of Incorporation this;  
8<sup>th</sup> day of June, 1997 AD

  
\_\_\_\_\_  
Dr. David A. Lustig

  
\_\_\_\_\_  
Alleen Lengyel, CCT, CVT.

  
\_\_\_\_\_  
Dr. Janie Thomas

  
\_\_\_\_\_  
Dr. Marvin Silverman

  
\_\_\_\_\_  
Dr. Michael Kondell

  
\_\_\_\_\_  
Sgt. Paul JT Lengyel (Ret.)

# 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.

The name of the corporation is:

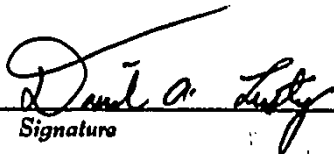
**KOALA LEARNING CENTERS, INC.**

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

**DR. DAVID A. LUSTIG  
10963 BOSTON DRIVE  
COOPER CITY, FL 33026-4938**

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 MY DUTIES, AND I AM  
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
Signature

8<sup>th</sup> day of June, 1997 AD  
Date