TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: CAREEN WISE 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

Filing Fee & Certificate

\$122.50 Filing Fee & Certified Copy \$131.25 Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Estelle Newman Name (Printed or typed)

954 - 752 - 5162 Daytime Telephone number

F. CHESORO AUG 1 9 1997

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

ARTICLES OF INCORPORATION

Signature/Incorporator

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

bisiness Corporation Act, hereby duopis the joilowing Afficies of Incorporation.			
ARTICLE I NAME			
The name of the corporation shall be:			
CAreer Wise Inc.	IĂL AL	97	
ADTIGLE II DURIGINAL OFFICE	A	A	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	¥.	ଫ	П
	SS		F
8571 NW 115+	jiil⊵	<u>≥</u>	П
Coral Springs, Fl 33071	LAHASSEE, FLORID	97 AUG 18 AM 12: 15	O
ARTICLE III SHARES	공:	<u></u>	
The number of shares of stock that this corporation is authorized to have outstanding at any o	ne time	is:	
1000			
ADTICLE III INITIAL DECICTEDED ACESIE ASID CODERN ADDROG	~		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:	<u> </u>		
Estelle Neuman			
0571 nw 11st coral springs, Fl 3307/			
ARTICLE V INCORPORATOR			
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:			
Estelle Newman 857/ nw 11st Coral Springs, Fl 3307/			
82,3 1 um 11 21			
Coral Springs, Fl 3307/			

(An additional article must be added if an effective date is requested.)

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

Extrue Marinov Signapure/Registered Agent Supplies Date