# P97000102941

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

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SUBJECT:	Oronagad coma	rate name - must include su	er.
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Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for :
\$70.00	<b>△</b> \$78.75	□\$122.50	<b>□</b> \$131.25
			•
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy.
			& Certificate
		ADDITIONAL CO	PY REQUIRED
	LESTER W. BRANNI	NG	
FROM:	DESTER W. DRAWNI	NG	
FROM	Name (F	rinted or typed)	· ,
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	1444 DREW STREET		<b>是图 3</b>
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F. CHESSER DEC 8 1997.

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

SATELLITE LEARNING NETWORK, INC.



# ARTICLE II PRINCIPAL OFFICE

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

1444 DREW STREET CLEARWATER, FLORIDA 33755-5209

### ARTICLE III SHARES

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

300,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LESTER W. BRANNING 1444 DREW STREET CLEARWATER, FLORIDA 33755-5209

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LESTER W. BRANNING 1444 DREW STREET

CLEARWATER, FLORIDA 33755-5209

Signature/Incorporator

12/2/97 Date

(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 psy position as registered agent

Signature/Registered Agent

12/2/97 Date