TRANSMITTAL LETTER

P98000036684

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 PR 20 MII: OIL

SUBJECT:

BUSINESS LOUCATION ALLIANCE
(Proposed corporate name - must include suffix)

300002493963--6 -04/20/98--01089--008 ****122.50 *****122.50

V

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

	\$70.00	
Fili	ing Fee	

Filing Fee & Certificate \$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: DEBORAH L. ISETT V

Name (Printed or typed)

190 112TH AVENUE NORTH

ST. PETERSBURG, FLORIDA, 33716

City, State & Zip

(813) 556 · 25/9

MICHESSER APR 2 1 1998;

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:
BEA - BUSINESS EDUCATION ALMANCE, INC.
The principal place of business and mailing address of this corporation shall be: 190 112 TH AVENUE NORTH, SUITE # 809, ST. PETERSBURG, FLORIDA, 33716.
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE HUNDRED THOUSAND (100,000)
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Fiorida success of the initial registered agent are.
DEBORAH L. ISETT, VHD., 190 112 AVE. NORTH, SUITE #809, 332769
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
190 HOT AVE. NORTH, SUITE #809,
ANX SETERSBURG, FLORIDA, 33716 APRIL 14th 1998
Signature/Incorporator 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 my position as registered agent

Signature/Registered Agent

Date