POSOCIAL LETTER / 240

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

700002531477---7 -05/21/98--01050--017 ******70.00 ******70.00

SUBJECT: WESTON ASSOCIATES, INC.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 70.00

FROM:

WESTON ASSOCIATES, INC.

Name (printed or typed)

3111 N. UNIVERSITY DRIVE, SUITE 720

Address

CORAL SPRINGS, FLORIDA 33065

City, State, & Zip

954-345-8666

Telephone Number

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

98 JUN - 1 PH 3: 18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 26, 1998

LAWRENCE FISHER 3111 N. UNIVERSITY DRIVE SUITE 720 CORAL SPRINGS, FL 33065

SUBJECT: WESTON ASSOCIATES, INC.

Ref. Number: W98000011947

We have received your document for WESTON ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The registered agent must have a Florida street address. A post office box is not acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

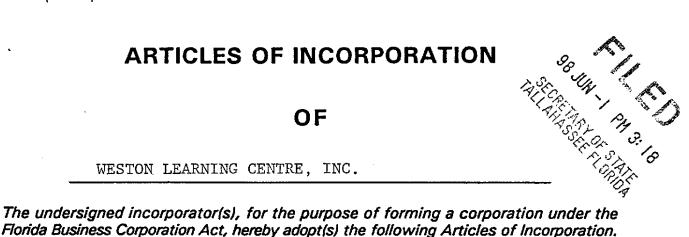
If you have any questions concerning the filing of your document, please call (850) 487-6933.

Letter Number: 898A00029394

Dana Calloway
Document Specialist

ARTICLES OF INCORPORATION

OF



ARTICLE I NAME

The name of the corporation shall be: WESTON LEARNING CENTRE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3111 N. UNIVERSITY DRIVE, 720 CORAL SPRINGS, FLORIDA 33065

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAWRENCE FISHER 3111 N. UNIVERSITY DRIVE, #720 CORAL SPRINGS, FLORIDA 33065

ARTICLE V INCORPORATOR(S)

| ANTICLE V INCORPORATOR(S) |
|---|
| The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): |
| LAWRENCE FISHER 3111 N. UNIVERSITY DRIVE, SUITE 720 CORAL SPRINGS, FLORIDA 33065 |
| |
| |
| |
| |
| The undersigned incorporator(s) has(have) executed these Articles of Incorporation this |
| |
| Signature Signature |

Articles of Incorporation Filing Fee - \$35

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

| 1. | The name of the corporation is: WESTON LEARNING CENTRE, INC. |
|----|--|
| | |
| | , |
| 2. | The name and address of the registered agent and office is: |
| | LAWRENCE FISHER |
| | (Name) |
| | 3111 N. UNIVERSITY DRIVE, SUITE 720 |
| | (P.O. Box not acceptable) |
| | CORAL SPRINGS, FLORIDA 33065 |
| | (City/State/Zip) |

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)