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

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Consultants Inc.

SUBJECT: Asset Protection Academy & Consultants J (Proposed corporate name - must include suffix)					
Enclosed is an original	and one(1) copy of the article	s 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: GARY H. REYNOLDS Name (Printed or typed)					
	3810 Havesu	Address		*	
		32829 State & Zip	98 JUL 24 PH 2: 30	=	
-	407) 382-465 Daytime T	4 elephone number	PH 2: 30 OF STATE E. F. ON DA		
ORRECT OTTO	ONE TO				
DATE 70798				_	
JOU. EXAM NO	TE: Please provide the or	riginal and one copy of	f the articles /	h-	

ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

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

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 8810 Hauasu dr., Orlando, Florida 32829
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: CARY H, ROYNOLDS 8810 HOVES U (17, Or (On do), F1, 32829 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
Serial P. Reynolds 8810 Havasudr. Orlando Fl. 32829 Journal Depression Signature/Incorporator Date

Asset Protection Academy & Consultants Inc.

(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

July 17, 1998

Date