

Department of State Division of Corporations P.O Box 6327 Tallahassee, Florida 32314 98 NOV 30 AM 9: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

> 700002698217--6 -11/30/98--01138--008 \*\*\*\*\*122.50 \*\*\*\*\*\*78.75.

SUBJECT: G.O.A.L.S. Educational Services Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 122.50 for the filing fee and a Certified Copy. There is an additional copy enclosed.

FROM: G.O.A.L.S. EDUCATIONAL SERVICES INC.

1569 HOLLY OAKS LAKE ROAD SOUTH

JACKSONVILLE, FLORIDA 32225

DAYTIME PHONE NUMBER: (904) 645-6188

DEC -3 1990

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#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Busines Brokeniac, Hereby 9: 45 adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **ARTICLE I**

The name of the corporation shall be:

G.O.A.L.S. Educational Services Inc.

## ARTICLE II: PRINCIPAL OFFICE

The principal office of this corporation shall be:

1569 Holly Oaks Lake Road East Jacksonville, Florida 32225 98 NOV 30 AM 9 45
SECRETARY OF STATE
SECRETARY OF STATE

### ARTICLE III: SHARES

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

100 shares

## ARTICLE IV: INITIAL AGENT AND STREET ADDRESS

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

S. Elizabeth Stradtner 1569 Holly Oaks Lake Road East Jacksonville Florida, 32225

## ARTICLE V: INCORPORATOR

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

Lee A. Stradtner 1569 Holly Oaks Lake Road East Jacksonville Florida, 32225

Signature/Incorporator

11-25-98

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 registers agent an agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper an complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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