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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

SUPERIOR TRAINING MEDIA, INC.

Certificate of Status	0
Certified Copy	1
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(3)

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STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

SUPERIOR TRAINING MEDIA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

FIRST: The name of the Corporation is:

SUPERIOR TRAINING MEDIA, INC.

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

One Thousand Shares (1,000) at \$1.00 par value.

FIFTH: The street address of the initial registered and principal office of the Corporation shall be:

10850 FOX GLEN DRIVE, BOCA RATON, FL 33428

and the name of its initial Registered Agent at such address is:

ARLYNE CERVETTI

Prepared by: Christine Jacobsen
Southeast Accounting & Financial Services, Inc.
6418 N.W. 5 Way, Ft. Lauderdale, FL 33309
954-491-5727

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SIXTH: The number of Directors constituting the initial Board of Directors of the Corporation is 1, and the name and address of the person who is to serve as Director until the first annual meeting of Shareholders or until their successors are elected and shall qualify is:

ARLYNE CERVETTI, 10850 FOX GLEN DRIVE, BOCA RATON, FL

33428

The name and address of each incorporator is:

ARLYNE CERVETTI, 10850 FOX GLEN DRIVE, BOCA RATON, FL

33428

Dated: May 24, 19 99

Arlyne Cervetti
 FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

State of Florida:

County of Broward:

The foregoing instrument was acknowledged before me this 24 day of May, 19 99 by
CHRISTINE JACOBSEN.

Christine Jacobsen
 Notary Public

Personally Known X OR Produced Identification _____

Type of Identification Produced _____



ARLYNE CERVETTI, having been designated to act as Registered Agent hereby agrees to act in this capacity.

Arlyne Cervetti

Prepared by: Christine Jacobsen
 Southeast Accounting & Financial Services, Inc.
 6418 N.W. 5 Way, Ft. Lauderdale, FL 33309
 954-491-5727

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