P9900057175

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

Tallahassee, FL 3231						
SUBJECT: \(\sum_{\lambda}	ATIONAL TV (Proposed corpor	AND EDUCATION TO AND EDUCATION TO A STATE AND	NAL SERVICES	, <u>⊤</u> √c.		
			00002912 -06/23/990 *****87.50	102500		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	MICHAEL M. Name (P)	VICCIONE rinted or typed)		45		
12620 SHERMAN DRIVE Address						
	HUDSON, F	L. 34667 State & Zip	<u></u>	JALL TALL		
	727 - 869 - C	elephone number		1999 JUN 28 LECRETAR TALLAHASS		

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

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ARTICLES OF INCORPORATION -

The undersigned	d incorporator, j	for the purpose o	f forming a corpo	ration under i	the Florida
Business Corpo	ration Act, here	by adopts the foll	owing Articles of	'Incorporation	7.

<u>ARTI(</u>	CLE I	<u>NAME</u>
771	C.1	

The name of the corporation shall be:

NATIONAL IVANO EDUCATIONAL SERVICES, INC.

<u>ARTICLE II</u> PRINCIPAL OFFICE

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

12620 SHERMAN DRIVE HUDSON, FL. 34667

ARTICLE III SHARES

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

51-49

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL M. VICCIONE 12620 SHERMAN DRINE HUDDON FR. 34667

ARTICLE V INCORPORATOR

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

MICHAEL M. VICCIONE 12620 SHERMAN DRIVE HUDDON, FL. 34667

(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

Michael M. Signature/Registered Agent