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TRANSMITTAL LETTER

FILED
99 JUL -6 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: NURSING AUDIO TEACHING SERVICES, INC.
(Proposed corporate name - must include suffix)

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

X 78.75 Filing Fee & Certificate

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*****78.75 *****78.75

FROM: BONAFIDE CONSULTING, INC.
Name (printed or typed)

1192 N HARBOR CITY BLVD
Address

MELBOURNE, FL. 32935
City, State & Zip

(407) 253-8297
Daytime Telephone Number

D. BROWN JUL 14 1999

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NURSING AUDIO TEACHING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

789 Boc Circle N.W.
Palm Bay, FL 32907

ARTICLE III SHARES

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Victoria Therese Dillon
789 Boc Circle N.W.
Palm Bay, FL 32907

ARTICLE V INCORPORATOR

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

Victoria Therese Dillon
789 Boc Circle N.W.
Palm Bay, FL 32907

Victoria T. Dillon
Signature/Incorporator

28 June 99
Date

(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.

Victoria T. Dillon
Signature/Registered Agent

28 June 99
Date

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