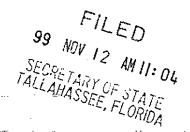
Requester's Name Address City/State/Zip Phone #	FILED 99 NOV 12 AM II: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
s Stephen Macken 21 Grand 1 s 106 PINE ST Altamork Springs State L 21 (Corporation Name)	Office Use Only Dept.Food Survey - And (if known):
(Corporation Name) (Corporation Name) 4. (Corporation Name)	(Document #) (Document #) (Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication	Certified Copy Certificate of Status Certificate of Status Certificate of Status AMENDMENTS AMENDMENTS -11/12/9301068010 *****122.50 *****78.75 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Other OTHER FILINGS Annual Report Fictitious Name	☐ Merger REGISTRATION/QUALIFICATION ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
GD3C021/7/07)	Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

OF



NATIONAL EDUCATORS ASSISTANCE, INC.

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

ARTICLE I NAME

The name of the corporation shall be: NATIONAL EDUCATORS ASSISTANCE, INC

ARTICLE II PRINCIPAL OFFICE

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

106 PINE ALTAMONTE SPRINGS, FL 32714

ARTICLE III CAPITAL STOCK

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

STEPHEN MACKENZIE 106 PINE ALTAMONTE SPRINGS, FL 32714

ARTICLE V INCORPORATOR(S)

The name(s) and street(es) of the incorporator(s) to these Articles of Incorporation is (are)

STEPHEN MACKENZIE 106 PINE ALTAMONTE SPRINGS, FL 32714

The undersigned	i has(have) executed these Articles of Incorporation this	
1100	day of November 1999.	
	Signature/Title	
	Signature/Title	F. M. W
	Signature/Title	A MAN THE MANAGEMENT OF

FILED
99 NOV 12 AM II: 04
SECRETARY OF STATE
FALLAHASSEE ET ALLE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the office/registered agent, in the state of Florida.

1.	The name of the corporation is: NATIONAL EDUCATORS ASSISTANCE, INC	
	TOTAL MEDICAL SECTION OF THE SECTION	Company of the Compan
2.	The name and address of the registered agent and office is:	
	STEPHEN MACKENZIE	
	106 PINE	
	ALTAMONTE SPRINGS, FL 32714	THE STATE OF THE S
	SIGNATURE Corporate officer)	
	TITLE PresideNT	
	DATE 11-11-99	
	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN	
TH AN	IIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT OF AGENCY WITH THE STREET AGENCY WITH THE SOURCE TO COMPLY WITH THE SOURCE OF ALL STSTUTES RELATING TO THE PROPER AND COMPLETE	
PE	RFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE BLIGATION OF MY POSITION AS REGISTERED AGENT.	
	DATE 11-11-99	· .
		<u> </u>