TRANSMITTAL LETTER

00111072 Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Academy, Inc SUBJECT: 400003076174 -12/21/99--01034--010 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 **□**\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED (850) 654-8670

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

Daytime Telephone number

28.50°

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: ULLI's Dance Academy, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: Business: 12432 Hwy 98 Mailing: 631 Carribbean W Destin, Fl., 32541 Niceville, Fl., 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 REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Ulli Dunbar 631 Carribbean Way Niceville, Fl., 32578-3805
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Ulli Dunbar 631 Carribbean Way Niceville, Fl., 32578-3805
Minte Stulb 12 20 99 Signature/Incorporator 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
Signature/Registered Agent Date