POODOO AOTA

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

SUBJECT:	T AM INSTIT	rate name - must include su	offix) OOOO3141 -02/21/000 *****78.75	4654 1101014 ******78.75
Enclosed is an orig	inal and one(1) copy of the article	s 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	Name (Pr	FRONGILLO inted or typed) OISE ROAD	A. C	
	Address			

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

Daytime Telephone number

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.

ARTI	CLE	I	1	NAME	,

The name of the corporation shall be:

I AM INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

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

5507-A Pine Island Rd. Bokeelia, FL 33922

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LORRAINE FRONGIIIO 5839 PORPOISE Rd. BOKEELIA, FL 33922

ARTICLE V INCORPORATOR

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

LORRAINE FRONG:110 5839 PORPOISE Rd. BOKEELIA, FL 33922

Françillo 2-18-00

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

Data