## 02000091129

#### TRANSMITTAL LETTER

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

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

**22**\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Funder Paralegael Services, For,

44 4404 5 Fla Ave Ste 60C

Daytime Telephone number

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



### FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 15, 2002

FAMILY PARALEGAL SERVICES, INC. 4404 S SLA AVE STE 6C LAKELAND, FL 33813

SUBJECT: SMART START CAMPUS KIDCARE, INC.

Ref. Number: W02000023629

We have received your document for SMART START CAMPUS KIDCARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 002A00048377

Tim Burch Document Specialist New Filing Section

# 02 AUG 21 AH IO:

#### ARTICLES OF INCORPORATION

**OF** 

#### SMART START CAMPUS KIDCARE, INC.

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:

#### SMART START CAMPUS KIDCARE, INC.

#### ARTICLE II: PRINCIPAL OFFICE

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

801 West Beacon Rd. Lakeland, Florida 33803

#### ARTICLE III: NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is to engage in any and all services related to Child Care Services, and to do all things which natural persons might or could lawfully do in the premises as follows: In pursuant and not in limitations of general powers conferred by the laws of the State of Florida, it is expressly provided that this corporation shall engage in any activities or businesses permitted under the laws of the State of Florida and the United States.

#### ARTICLE IV: TERM OF EXISTENCE

This corporation shall have perpetual existence unless dissolved by the action of law.

#### ARTICLE V: SHARES OF STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one hundred (100) shares of stock at zero (0) par value.

#### ARTICLE VI: INITIAL DIRECTORS AND OFFICERS

The Names, street addresses, and Titles of the First Directors and Officers of this Corporation are:

NAME ADDRESS TITLE

Virginia D. De Sena 2410 Hartridge Pt. Drive West President

Winter Haven, Florida 33881

Sheila J. Holton 4810 Elam Road Vice President

Lakeland, Florida 33813

Sheila J. Holton 4810 Elam Road Secretary

Lakeland, Florida 33813

#### ARTICLE VII: REGISTERED AGENT

The name and street address of the initial registered agent is as follows

NAME ADDRESS

Sheila J. Holton 4810 Elam Road

Lakeland, Florida 33813

#### ARTICLE VIII: INCORPORATOR

The name and street address of the incorporator(s) is as follows:

NAME ADDRESS

Sheila J. Holton 4810 Elam Road

Lakeland, Florida 33813

#### ARTICLE IX: AMENDMENT

The Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to any stockholders.

I, Sheila J. Holton, the registered agent for Smart Start, Campus Kidcare Inc., hereby am familiar with and accept the duties as registered agent for this corporation on this day of, 2002.
Sheila J. Holton (Registered Agent)
In WITNESS WHEREOF, The undersigned incorporator has executed these Articles of Incorporation on this
Sheila J. Holton (Incorporator)
STATE OF FLORIDA COUNTY OF POLK
Before me, the undersigned authority, on this day personally appeared Sheila J. Holton, known to me to be the person whose name is subscribed to the foregoing instrument and, being by me first duly sworn serverally declares that he is the person who signed the foregoing document as incoporator and that the statements contained therein are true.  WITNESS my hand and seal this
NOTARY PUBLIC NO SOLO
Catherine A. Douglas Commission # CC 920225 Expires March 20, 2004 Bonded Thru Atlantic Bonding Co., Inc. With the assistance of: Family Paralegal Services, Inc. 4404 South Florida Ave. Suite 6C

Lakeland, Florida 33813 (863) 646-9091