

TRANSMITTAL LETTER

P990000 34574

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

800002836128--7
-04/12/99--01035--005
*****78.75 *****78.75

SUBJECT: KATHY'S DAYCARE, INC.
(Proposed corporate name - must include suffix)

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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: KATHRYN Williams
Name (Printed or typed)

P.O. BOX 1033
Address

MADISON, FLA 32341
City, State & Zip

(WORK) (850) 973-2271 (Home) 973-3215 (Bus) 973-3140
Daytime Telephone number

Kathryn Williams GAVE
AUTHORIZATION BY PHONE TO
CORRECT article IV
DATE 4/15/99
DOC. EXAM D.? NOTE: Please provide the original and one copy of the articles.

FILED
99 APR 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

KATHY'S DAYCARE, INC.

FILED
99 APR 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

721 SOUTH RANGE STREET
MADISON, FLA 32340

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RAY L. WILLIAMS, SR.
721 SOUTH RANGE STREET MADISON, FLA 32340

ARTICLE V INCORPORATOR

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

RAY L. WILLIAMS, SR.
P.O. BOX 1033
MADISON, FLA 32341

Ray L. Williams Sr.
Signature/Incorporator

2-11-99

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

Ray L. Williams Sr.
Signature/Registered Agent

2-11-99

Date

KATHY'S DAY CARE, INC.
721 SOUTH RANGE ST.
MADISON, FLA 32340

Article VI

OWNER / OFFICER'S

PRES: RAY L. WILLIAMS, SR

VICE PRES: KATHYON WILLIAMS

SEC/TREA: RONDA L. GARNER

99 APR 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED