DIVERSIFIED FINANCE & RESEARCH, INC.
PH. 305-464-4394
1711 NORTH 25TH ST., SUITE A
FORT PIERCE, FL 33450

H69119

221

63-8419/2670

PAY TO THE ORDER OF Division of Corporations $ 63.00

Sixty Three & 00/100 DOLLARS

Harbor Federal
FT. PIERCE, FLORIDA 33454

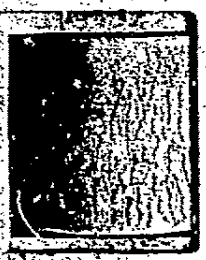
FOR Filing Fees

400307636564

St. Lucie Kiddie Land Day Care Center, Incorporated

006 0610 7/29/85 63.00 TL

EFFECTIVE DATE
7-29-85



Name Availability	TA JUL 31 1985
Document Examiner	T A
Updater	T A
Update verifyer	T A
Acknowledgement	T A
W.P. Verifyer	T A

FILED
1985 JUL 31 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H69119

FILED
1985 JUL 29 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation pursuant to Chapter 607, Florida Statutes, adopts the following Articles of Incorporation for such corporation.

ARTICLE I - NAME

The name of the proposed corporation shall be ST. LUCIE KIDDIE LAND DAY CARE CENTER, INCORPORATED.

EFFECTIVE DATE
7-29-85

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on July 29, 1985.

ARTICLE III - PURPOSE

The general nature of the business to be transacted by the corporation shall be to operate a child day care center; to employ such persons, firms or corporations as may be reasonably necessary to assist in the business of the corporation; and to otherwise engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - STOCK

The amount of capital stock authorized for the corporation is a maxium 100 shares of common stock having a par value of $3.00 per share and which shall be issued as fully paid and non-assessable. The stock of this corporation shall be so assigned, issued and transferred only in accordance with such bylaws as the corporation shall from time to time make, change or alter with a lien reserved in favor of the corporation upon all of its capital stock for any indebtedness which may at any time be due by the holder of the same unto the company.

ARTICLE V - ADDRESS

The principal place of business of said corporation is to be 1011 North 23rd Street, Fort Pierce, Florida, with the privilege of having branch offices at other places within or without the State of Florida as may be designated.

ARTICLE VI - REGISTERED

The name of the initial registered agent of the Corporation is Willie Mae Washington, and the street address of the initial registered office of the Corporation is 1011 North 23rd Street, Fort Pierce, Florida.

ARTICLE VII - BOARD OF DIRECTORS

The number of directors consitituing the initial board of directors is three, and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
Ruby M. Smith	4501 N.W. 13th St., Ft. Lauderdale, Fl
Willie Mae Washington	2511 Ave. H, Ft. Pierce, Fl
Alfred D. Smith	4501 N.W. 13th St., Ft. Lauderdale, Fl

The number of directors may be increased or diminished from time to time as set forth in the bylaws.

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

NAME	ADDRESS
Ruby M. Smith	4501 N.W. 13th St., Ft. Lauderdale, Fl

Dated the 13th day of July, 1985

IN WITNESS WHEREOF, the undersigned being the incorporator of this corporation has executed these Articles of Incorporation.

Signature of Incorporator

Ruby M. Smith

STATE OF FLORIDA
COUNTY OF

Before me personally appeared Ruby M. Smith, to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 15 day of July, A.D. 1985.

Marylene Stanley
Notary Public
State of Florida

My Commission Expires

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above named corporation at a place designated in the Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 607, Florida Statutes, relative to keeping open said office for services of process.

William MacWashington
Registered Agent

FILED
1995 JUL 31 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

3 22

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

H69119 6
ST. LUCIE KIDDIE LAND DAY CARE CENTER, INCORPORA
1011 NORTH 23RD STREET
FORT PIERCE, FL

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P O Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 07/31/1985

4 Federal Employer Identification Number (FEIN): 59-2582032

5 Date of Last Report

6 Names and Street Addresses of Each Officer and Director as of December 31 1985

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number) 3	City and State 4 5
SMITH, RUBY M.	D	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL
WASHINGTON, WILLIW MAE	D	2511 AVENUE H	FORT PIERCE, FL
SMITH, ALFRED D.	D	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

WASHINGTON, WILLIE MAE
1011 NORTH 23RD STREET
PORT PIERCE, FL

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P O Box Number) 82

City and State 83: FL.

Zip Code 84

9 Pursuant to the provisions of Sections 607.034 and 607.037 Florida Statutes the above-named corporation, an incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 Additional fee required for Registered Agent changes

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6)

Signature: Willie Mae Washington — Secretary

Date: 4/15/86

Typed Name of Signing Officer: Willie Mae Washington

Title: Secretary

Telephone Number: (305)466-2799

11 Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1986)

DUE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

H69119 6
ST. LUCIE KIDDIE LAND DAY CARE CENTER, INCORPORA
1011 NORTH 23RD STREET
FORT PIERCE, FL

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 07/29/1985

4. Federal Employer Identification Number (FEIN): 59-2582032

5. Date of Last Report: 07/24/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State 5
SMITH, RUBY M.	D	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL
WASHINGTON, WILLIW MAE	D/S	2511 AVENUE H	FORT PIERCE, FL
SMITH, ALFRED D.	D	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WASHINGTON, WILLIE MAE
1011 NORTH 23RD STREET
FORT PIERCE, FL

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL. Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$5.00 additional fee required for Registered Agent changes

10. *See signature restrictions under instructions on reverse side of this form.*
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6).

Signature: William Washington — Date: 7-25-1987 / 3/2/87

Typed Name of Signing Officer: Willie Maw Washington — Title: Secretary — Telephone Number: (305) 466-2799

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status

CR2E004 (1/86)

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED ON NOVEMBER 4, 1988!.

CORPORATION

ANNUAL REPORT
1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

H69119 6
ST. LUCIE KIDDIE LAND DAY CARE CENTER, INCORPORA
1011 NORTH 23RD STREET
FORT PIERCE, FL

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 07/29/1985

4. Federal Employer Identification Number (FEIN): 59-2582032

5. Date of Last Report: 07/30/1987

6. Names and Street Addresses of Each Officer and Director as of December 31, 1987

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	SMITH, RUBY M.	D	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL
2	WASHINGTON, WILLIW MAE	D/S	2511 AVENUE H	FORT PIERCE, FL
3	SMITH, ALFRED D.	D	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL

11/17/88

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WASHINGTON, WILLIE MAE
1011 NORTH 23RD STREET
FORT PIERCE, FL

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

11/17/88 00115 017
ANNUAL REPORT 25.00
ANNUAL REPORT
TOTAL 25.00

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6.)

Signature: Willie Mae Washington — Date: 9/2/88

Typed Name of Signing Officer or Director: Willie Mae Washington — Title: Director S — Telephone Number: (407) 466-2795

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ — $5 Additional Fee required for a Certificate of Status

CR2E003 (1/88)

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED OCTOBER 01, 1989

FLORIDA DEPARTMENT OF STATE
JAN 36

CORPORATION ANNUAL REPORT 1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
89 OCT 13 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.

H69119 6
ST. LUCIE KIDDIE LAND DAY CARE CENTER, INCORPORA
1011 NORTH 23RD STREET
FORT PIERCE, FL

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 07/29/1985

4. Federal Employer Identification Number (FEIN): 59-2582032

5. Date of Last Report: 11/04/1988

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
1 D	SMITH, RUBY M.	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL
2 D/S	WASHINGTON, WILLIW MAE	2511 AVENUE H	FORT PIERCE, FL
3 D	SMITH, ALFRED D.	4501 N.W. 13TH STREET	FORT LAUDERDALE, FL
4			
5			
6			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WASHINGTON, WILLIE MAE
1011 NORTH 23RD STREET
FORT PIERCE, FL

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors or

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report or Prepared by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be listed in Block 6.)

Signature: Willie Mae Washington — Date: 8/22/89

Typed Name of Signing Officer or Director: Willie Mae Washington — Title: Director — Telephone Number: (407) 466-2799

12. Should you desire a Certificate of Status check the box. CERTIFICATE OF STATUS DESIRED ☐ — Additional Fee $5.00 required for a Certificate of Status (CS)

CR2E034 (1/88)

FILE NOW! THIS REPORT MUST BE FILED BY NOVEMBER 7, 1990 OR THIS CORPORATION WILL BE DISSOLVED. FEE TO REINSTATE IS $230.25

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

APPROVED
AND
FILED

1990 NOV -8 AM 10:13

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: H69119 6

ST. LUCIE KIDDIE LAND DAY CARE CENTER, INCORPORATED
1011 NORTH 23RD STREET
FORT PIERCE, FL

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

AL If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box Number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 07/23/1985

4. FEI Number: 59-2582032

☐ FEI Number Applied For
☐ FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number) 3	City and State 4 5
1 ~~D~~	~~SMITH, RUBY M.~~	~~4501 N.W. 13TH STREET~~	~~FORT LAUDERDALE, FL~~
1x			
2 D/S	WASHINGTON, WILLIW MAE	2511 AVENUE H	FORT PIERCE, FL
2x			
3 ~~D~~	~~SMITH, ALFRED D.~~	~~4501 N.W. 13TH STREET~~	~~FORT LAUDERDALE, FL~~
3x			
4			
4x			
5			
5x			
6			
6x			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WASHINGTON, WILLIE MAE
1011 NORTH 23RD STREET
PORT PIERCE, FL

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature: Willie Mae Washington

Date: 11-6-90

Typed Name of Signing Officer or Director: Willie Mae Washington

Title: Director

Telephone Number: (407) 466-2799

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee Required for a Certificate of Status