

TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

300003134123--C -02/14/00--01073--007 *****78.75 ******78.75

SUBJECT: _	KIDS-N-Care INC.
	(Proposed corporate name - must include suffix)
	KIDS-N-CARE LEARNING CONFOR INC.

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

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: KIDS-N-Care
Name (Printed or typed)

4429 Cyprese Street

Oclanto Fla 328// City, State & Zip

407-297-9945

Daytime Telephone number

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

1210, 1553 (2), 2544

PH 3/8/2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 17, 2000

KIDS - N - CARE INC. 4429 CYPRESS STREET ORLANDO, FL 32811

SUBJECT: KIDS - N - CARE INC. Ref. Number: W00000004463

We have received your document for KIDS - N - CARE 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6933.

Teresa Brown Corporate Specialist

Letter Number: 300A00008606

ARTICLES OF INCORPORATION

ARTICLE I

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

00 MAR -8 PM 2: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Not for Profit Corporation Act, nereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be: KIDS = N- Care Learning ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: My 29 Cypres S Street = ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): he specific purpose(s) for which the corporation is organized islater.
To improve the quality of care that our Low into me children
(an viceure during their first three years of Libe.
assist IN setting up steps to develop a good sely concept ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is: Directors are appointed on a bi-annual bases with rotating Shifts; so that there is Never all New Participatants INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: 4842 victory Drive The name and address of the Incorporator to these Articles of Incorporation are: Essie Jones - 4842 VICtory DRMc Orlando, Fla- 32808 Signature/Incorporator

(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