


**ARTICLES OF INCORPORATION
OF
ALTERNATIVE EDUCATION AND CHILDCARE SERVICES INC.**

FILED
00 JUN 30 AM 10:05
TALLAHASSEE, FLORIDA

- ONE:** The name and address of this principal corporation is Alternative Education and ChildCare services, Inc., 445 Australian Circle, Lake Park, Florida 33403, in Palm Beach County. The Corporation is organized pursuant to the Florida Non-Profit Corporation Code.
- TWO:** This Corporation is a non-profit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Non-Profit Benefit Corporation Law, for charitable and educational purposes to aid the poor and disadvantage individuals and families towards a life of self-sufficiency. The programs will consist of but shall not be limited to: Seminars, Outreach Advocacy Programs for students, Literacy, Counseling, Teenage pregnancy, Job Training for Parents, as well as Job Placements, Substance Abuse Awareness and Prevention, Tutoring, Aids Awareness and other programs to aid those in need.
- THREE:** The duration of this corporation shall be perpetual, no stock and shall have no members.
- FOUR:** The address of the registered office is 445 Australian Circle, Lake Park, Florida 33403, in Palm Beach County. The registered agent at said address is:
- 
Erica R. Minus
445 Australian Circle
Lake Park, FL 33403
- FIVE:**
- (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
 - (b) Notwithstanding any other provisions of these articles the corporation shall not carry on any other activity not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of (2) by a corporation contribution to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

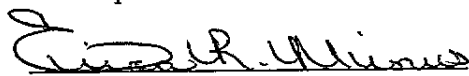
SIX: The Directors are elected in accordance with the By-Laws. The names and addresses of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
Erica R. Minus President/CEO	445 Australian Circle Lake Park, FL 33403
Alpheaus Marshall Secretary	516 W. Whitney Circle Jupiter, FL 33458
Aldric Marshall Treasurer	14408 Temple Blvd. Royal Palm, FL 33470

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts, and liabilities of the corporation, shall be distributed to a non-profit fund, foundation, or corporation, which is organized and operated exclusively for Charitable and Educational under section 501(c)(3) of the Internal Revenue Code.

NINE: Executive on June 22, 2000. The name and address of the incorporator of this corporation shall be:


Erica R. Minus
445 Australian Circle
Lake Park, FL 33403

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ALTERNATIVE EDUCATION AND CHILDCARE SERVICES, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

ERICA R. MINUS

(NAME)

445 AUSTRALIAN CIRCLE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LAKE PARK, FLORIDA 33403

(CITY/STATE/ZIP)

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)

6/29/00
(DATE)

FILED
00 JUN 30 AM 10:05
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
SECRETARY OF STATE