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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	∍ #)
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TALLAHASSEE FLORIDA

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

SUBJECT: CREATIVE (EARNING Family STUCS. Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the arti	cles of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

FROM: TRIS E. RAMOS

Name (Printed or typed)

480 Clark Street

Address

LaBelle FL 33935

City, State & Zip

863 - 675 - 0229

Daytime Telephone number

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

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)	
The name of the corporation shall be: CREATIVE LEARNING FAMILY SERVICES CORP.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 480 Clark Street, (aBelle, FL 33935	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
To provide social scruices to families and children. Group home, parenting, Daycare, Intervention ARTICLE IV MANNER OF ELECTION and mo The manner in which the directors are elected or appointed:	۲۰
They will be elected as agency grows.	
List name(s), address(es) and specific title(s): Tris E Ramos, Executive Director Lolita Rios Director Awilda Fermin, Secretary ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: Tris E Ramos 480 Clark St. LaBelk, Fl 33935 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Tris E Ramos 480 Clark St. (aBelk, Fl 33935	

in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.	
Signature/Registered Agent Date 4/12/04 Date	
Dus E Rama 4/12/04	
Signature/Incorporator Date	

Que E Ramo.
Signature/Incorporator