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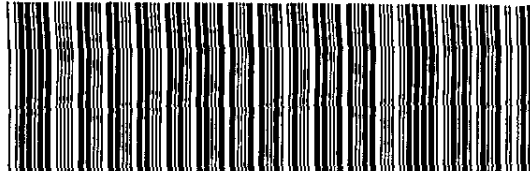
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The ChildCare Providers
Association

- ☒ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: SW

10/25

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Articles of Incorporation of The Childcare Providers Association of the Fabulous Florida
Keys, Inc.

A Florida Not-For-Profit Corporation

In compliance with Chapter 617, Florida Statutes, the undersigned, all of whom are residents of the State of Florida and all of whom are of full age, have this day voluntarily associated themselves together for the purpose of forming a corporation not for profit and do hereby certify:

Article I

Name of Corporation

The name of this not for profit association is The Childcare Provider Association of the Fabulous Florida Keys, Inc.

Article II

Principal Office

The principal office is located at:
555 122nd Street
Marathon, Fl. 33050

Article III
Purpose

The specific purpose for which this corporation is formed is to implement section 411.01 Florida Statutes. Under Section 411.01, the purpose for forming this corporation includes, but is not limited to, the following:

1. To have communication among Providers.
2. Educational Seminars
3. Pursue affordable insurance for members
4. Advocate for the needs of the children
5. To act as a liaison between Childcare Providers and other community organizations.

Article IV

Manner of Election

A. Board of Directors

Numbers and Qualification

There will be ten (10) Board of Directors and to qualify for election to the Board they must:

1. Must be a member of the Association.
2. Must be 18 years or older.
3. Must be currently involved in the childcare field.
4. Must have attended at least one (1) meeting prior to being on the board

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5. and will not be denied or abridged because of race, sex, color, creed, religion, national origin, disability or age, gender or sexual orientation.

Election and Term

The Term of Board member begins with the Annual Meeting at which each individual Board member was elected by majority of Association Members and ceases at the Annual Meeting at the end of term to which said Board member was elected.

ARTICLE V

Initial Directors and/or Officers

The officers are:

President: Barbara Rodgers
PO Box 697
Marathon, Fl 33050

Vice-President: Patricia Candler
2796 Overseas High
Suite 202
Marathon, Fl. 33050

Secretary: Joie Jarvis
232 James Avenue
Key Largo, FL. 33037

Treasurer: Leah Ann Williams
21 SE Marlin Avenue
Key Largo, FL 33037

Article VI

Initial Registered Agent and Street Address

The name and Florida Street address of the registered agent is:

Barbara Rodgers
555 122nd Street
Marathon, Fl. 33050

Article VII

Incorporator

The name and address of the Incorporator is:

Barbara Rodgers
P.O. Box 697
555 122nd Street
Marathon, Fl. 33050

.....
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Barbara Rodgers
Signature/Registered Agent

12/10/03
Date

Barbara Rodgers
Signature/Incorporator

12/10/03
Date

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

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned non-profit 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:

Childcare Provider Association of the Fabulous Florida Keys

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

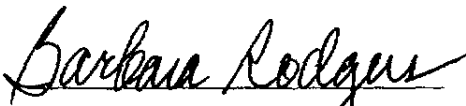
Barbara Rodgers, Chair

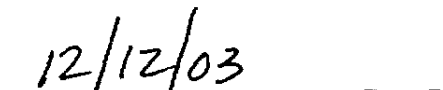
550 122nd Street

Marathon, Florida 33050
(City/State/Zip)

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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
BARBARA RODGERS


Date