

Florida Department of State Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION TMT'S AFTER CARE CENTER INC.

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ARTICLES OF INCORPORATION FOR

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

TMT'S After Care Center Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

13460 SW 271 LN Homestead, FL. 33032

ARTICLE III PURPOSE (S)

The specific purpose(s) for which the corporation is organized is (are):

The Mission of TMT is After Care Center is to provide quality after care services to an ever expanding community. TMT is After Care Center focuses on providing full services with an emphasis on convient hours, education, and social skills development.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

By the By laws

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ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided the section 617,0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

Tracey Webber 13460 SW 271 LN Homestead, FL, 33032

ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND ADDRESS

Tracey Webber PD Ronyx Wedd T Elcla Green S Lashon Gonzalez VP

ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator is:

Tracey Webber 13460 SW 271 LN Homestead, FL 33032

The undersigned incorporator has executed these Articles of incorporation this ____day of ______, 20__.

Signature

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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.

The name of the corporation is:

The name and address of the registered agent and office is	Se.	2011 FEI	
TRACEY WEDDER	URE TA	ω	TO AND S
13460 SW 271 LN	TARY OF	15 PI	
(P.O. Box or Mail Drop Box NOT Acceptable)	F	4	
HOMESTEAD FL 33032	A	53	

AFTER CARE CENTER INC

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 appointed 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.

(City/State/Zip)

Signature of Registered Agent Date

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