POODOOOH49

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

200003084402--5 -12/30/93--01056--003 *****78.75 *****78.75

SUBJECT:	Tampa Bay Child Care, Inc.	
	(Proposed corporate name - most include suffix)	

Enclosed is an origin	al and one(1) copy of the articl	es of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM		1 Roberson rinted or typed)	

Tampa, FL 33615

City, State & Zip

813-855-0687

Daytime Telephone number

SECRETARY OF STATE

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

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~ ARTICLES OF INCORPORATION

1999 DFC 30 MM 9 01

- The undersigned incorporator, for the purpose of forming a corporation under the Florida Business OF STATE Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE SECRETARY OF SECRETAR

ARTICLE I NAME

The name of the corporation shall be: Tampa Bay Child Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10601 Hatteras Drive Tampa, Florida 33615

ARTICLE III __ SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Lora Loethen Roberson 10601 Hatteras Drive Tampa, Florida 33615

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lora Loethen Roberson 10601 Hatteras Drive Tampa, Florida 33615

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation is:

_ January 1, 2000

Signature/Incorporator

Date

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