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Florida Department of State  
Division of Corporations  
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Fax Number : (850) 922-4001

From:  
Account Name : WILLIAM J. STRANGE  
Account Number : I19980000052  
Phone : (305) 223-0444  
Fax Number : (305) 225-8698

**FLORIDA PROFIT CORPORATION OR P.A.**

**ALL MY SWEET KIDS DAY CARE CENTER, INC.**

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**ARTICLE OF INCORPORATION**  
**OF**

**ALL MY SWEET KIDS DAY CARE CENTER, INC.**

The undersigned Incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**ALL MY SWEET KIDS DAY CARE CENTER, INC.**

The principal place of business of this corporation shall be:

20000 SW 110<sup>TH</sup> CT  
MIAMI, FLORIDA 33157

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregated number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

SHARES #	PAR VALUE	STOCK DESCRIPTION
500	\$1.00	Common Stock

**ARTICLE IV TERM OF EXISTENCE**

**WILLIAM J. STRANGE**  
9586 S.W. 6<sup>TH</sup> LANE MIAMI, FLORIDA 33174  
PHONE # 305-223-0444  
FAX # 305-225-8698

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This corporation shall have perpetual existence.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

#### BOARD OF DIRECTORS:

OFFICER'S TITLE	NAME	ADDRESS
President:	Luisa Chavarria	11500 SW 185 <sup>TH</sup> St. MIAMI, FL 33157
Secretary:	Manuel A. Chavarria	11500 SW 185 <sup>TH</sup> St. MIAMI, FL 33157
Treasury:	Manuel A. Chavarria	11500 SW 185 <sup>TH</sup> St. MIAMI, FL 33157

### ARTICLE VI

The name and post office addresses of each of the subscribers to this certificate of incorporation and the number of shares of stock which each subscriber agrees to take, are as follows:

NAME	ADDRESS	NO. OF SHARE
Luisa Chavarria	11500 SW 185 <sup>TH</sup> St. MIAMI, FL 33157	250
Manuel A. Chavarria	11500 SW 185 <sup>TH</sup> St. MIAMI, FL 33157	250

SUBSCRIBER: Luisa Chavarria



SUBSCRIBER: Manuel A. Chavarria



WILLIAM J. STRANGE  
9586 S.W. 6<sup>TH</sup> LANE MIAMI, FLORIDA 33174  
PHONE # 305-223-0444  
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**ARTICLE VII INCORPORATOR(S)**

The name(s) and the street address(es) of the Incorporator(s) to this articles of incorporation is (are):

**NAME**

Luisa Chavarria

**ADDRESS**

11500 SW 185<sup>TH</sup> St.  
MIAMI, FL 33157

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have)  
executed these Articles of Incorporation this 10  
day of January, 2000

Signature(s) of Incorporator(s)

Luisa Chavarria

WILLIAM J. STRANGE  
9586 S.W. 6<sup>TH</sup> LANE MIAMI, FLORIDA 33174  
PHONE # 305-223-0444  
FAX # 305-225-8698

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

**ALL MY SWEET KIDS DAY CARE CENTER, INC**

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

NAME  
Luisa Chavarria

ADDRESS  
11500 SW 185<sup>TH</sup> St.  
MIAMI, FL 33157

SIGNATURE

*Luisa Chavarria*

TITLE PRESIDENT

DATE

01/10/2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

*Luisa Chavarria*

DATE

01/10/2000

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