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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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

**BLUE PARADISE DAY CARE CENTER INC.**

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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:  
Blue Paradise Day Care Center Inc.

### ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business and mailing address of this corporation shall be:  
15431 SW 112 Pl  
Miami, FL 33157

### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock of a par value of one dollars. (\$ 1.00).

### ARTICLE IV NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is Day Care Center and any other legal activity.

### ARTICLE V TERMS OF EXISTENCE

The Corporation shall have perpetual existence .

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara Matos  
15431 SW 112 Pl  
Miami, FL 33157

Prepared by:  
Pedro L. Campo  
1985 NW 88 Court, Suite 201  
Miami, Fl. 33172

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**ARTICLE VII INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Barbara Matos  
15431 SW 112 Pl  
Miami, FL 33157

**ARTICLE VIII DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Barbara Matos  
15431 SW 112 Pl  
Miami, FL 33157

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 3rd day of March, 2000

  
\_\_\_\_\_  
Signature

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

Pursuant to the provisions of sections 607.0501 or 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: Blue Paradise Day Care Center Inc.

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

Barbara Matos  
15431 SW 112 Pl  
Miami, FL 33157

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(P.O.BOX NOT ACCEPTABLE)

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 

DATE: 3<sup>rd</sup> of March, 2000

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