POCOCO 80069

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

900003361639--7 -08/18/00--01025--022 ****122.50 *****78.75

Subject:		Kida O			****122.50	*****78
oubject.		Kids Cove Learning	g Center, Inc.			
		(Proposed corporal	te name -must include suffi	x)		
Enclosed is	an original ar	nd one (1) copy of the	articles of incorporation ar	nd a check for	••	
		\$70.00	\$78.75			
		Filing Fee	770.75 Filing Fee			
		·g . 00	& Certificate			
			& Certificate			
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	Additional of	copy required			SECRETARY C	
					F1.0h	
FROM:		Richard D. Bell			2 . O	
		(904) 471-7200				

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

38/24

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.

OD AUG 18 AM II: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Kids Cove Learning Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

27 Oak Street St. Augustine, FL 32095

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Donna L. Slavin 27 Oak Street St. Augustine, FL 32095

ARTICLE V. INCORPORATORS

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

> Donovan, Bell & Assoc., CPA's, PA 1750 A1A South, Ste D St Augustine, FL 32080

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President:

Donna L. Slavin

27 Oak Street

St. Augustine, FL 32095

The Undersigned Incorporator(s) has (have) executed these Articles of Incorporation this

day of

2000

oun, Be 1/0 fasor, CPA's, DA.

(An additional article must be added if an effective date is requested)

Signature 2

Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

1.	The	name	of the	Corporation	is

Kids Cove Learning Center, Inc.

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

Donna L. Slavin		
(Name)		
27 Oak Street		
(P.O. Box NOT acceptable)		
St. Augustine, FL 32095	= -:	<u> </u>
(City/State/Zip)		

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 Slami

8/15/00

REGISTERED AGENT FILING FEE: \$35.00