TRANSMITTAL LETTER

Po100019255

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

#####70.00

Precious Years Childcare Inc(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c	check for:	7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	Status Status \$87.50 Filing Fee, Certified Copy & Certificate of	
FROM: Frma D. Snipe Name (Printed or typed)				
	1219 Vermont	Ave	SECRETAR: TALLAHASS	O1 FEB
	Lynn Haven City,	FL 32444 State & Zip	ASSEE, FL	B 21 PM
	950-763-56	59	ÎATE ORIDA	- 5

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

1022 (2)

The name of the corporation shall be: Precious Years Childcare Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1626 Sherman Ave Ranama City FL 32405
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Childcare Center
ARTICLE IV SHARES The number of shares of stock is:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): TALLAHASSEE, FLORE STATE ORDANIA TO SECRETARY OF STATE ORDANIA TO SECRET
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Irma D Snipt 1219 Vermon ADE Lyan Haven FL, 3244
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Erma D. Snipe 1219 Vermont Ave Lynn Haven FL 32444

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Erma D Snipe 197eb 2001 Signature/Registered Agent Date Lima D Snipe 197eb 200)
Esma i Snipe 197et 200) Signature/Incorporator Date

ARTICLE'S OF INCORPORATION
In tompliance with Chapter 607 and/or Chapter 621, F.S. (Profit)