POLOGOSYS34 TRANSMITTAL LETTER 34

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

OIAPR -2 AM 8: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$\mathbb{Q}\\$78.75 \$\mathbb{Q}\\$78.75 \$\mathbb{Q}\\$878.75 \$\mathbb{Q}\\$878.75 \$\mathbb{P}\\$878.75 \$\mathbb{P}\\$878	ест: <u>С</u>	PROPOSED CORPORAT			_
FROM: CAIN, MASON & Company, INC Name (Printed or typed) Palm City, State & Zip S878.75 Filing Fee Filing Fee, Filing Fee, & Certificate of Status ADDITIONAL COPY REQUIRED S87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CAIN, MASON & Company, INC Name (Printed or typed) S101010334374 -04/02/01-0112 ******78.75 **** Palm City, State & Zip		(2 2002 COM OHA)	E MANUE - MODE INCL	ODE GOLLIA)	
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From: CAIN, MASON & Company, INC Name (Printed or typed) Palm City, State & Zip Status Status Status APPRICATE Status Status ADDITIONAL COPY REQUIRED Status Address Palm City, State & Zip	ed is an origin	al and one(1) copy of the article	e of incompration and	a check for	
Filing Fee Filing Fee, & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CAIN, MASON & Company, INC Name (Printed or typed) 3410 Noble Ave 404/02/01-0112 Address Palm City, State & Zip			or meorporation and	a check for .	
& Certificate of Status & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CAIN, MASON & Company, INC Name (Printed or typed) Name (Printed or typed) 3410 Noble Ave Address Palm City FL 34990 City, State & Zip					
RECERTIFICATE OF Status ADDITIONAL COPY REQUIRED FROM: CAIN, MASON & Company, INC Name (Printed or typed) Name (Printed or typed) 3410 Noble Ave Address Palm City, FL 34990 City, State & Zip	Filing Fee	_			
FROM: CAIN, MASON & Company, INC Name (Printed or typed) 3410 Noble Ave #****78.75 *** Palm City, State & Zip Status Address Status Address FROM: Status Address Status Address FROM: CAIN, MASON & Company, INC 104/02/01-0112 ******78.75 ***		& Cerumeate of Status	& Certified Copy	• • •	
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NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

CB 4-5

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	FILED
The name of the corporation shall be: CAIN, MASON & COMPANY, INC.	01 APR -2 AM 8: 05
CAIN, MASON & COMPANY, INC	SECRETARY OF STATE
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	
The principal place of business/mailing address is: 3410 Noble Ave Palm City, FL 34990	
The purpose for which the court	
The purpose for which the corporation is organized is: TO PROVIDE Child Care Services	
To partie with the control of	
ARTICLE IV SHARES	
The number of shares of stock is:	•
1000	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)	- n. 1
The name(s) and address(es): Roy A CAIN	DAVID MASON
3410 Noble Ave 3410 Noble Ave	2828 SE Nachand SI
The name(s) and address(es): MATTIE F CAIN 3410 Noble Ave Palm City, FL 34990 Palm City, FL 349	90 STUME, FL 37991
•	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
MATTIE F. CAIN	
3410 Noble Ave Palm City, FL 34990	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
CAIN MASON & COMPANY, INC MA	THE CAIN DO NOBLE AVE
3416 Noble Hue 3416 Palm City FL 34990 Palm	1 CITY FL 34990
Falm C119 FL 3 F190 1000	• • • • • • • • • • • • • • • • • • • •
Having been named as registered agent to accept service of process for the above stated cor-	noration at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to a	ct in this capacity
Matter 7. Can	3-30-01
Signature/Registered Agent	Date
Mother L. Cin	3-130-01
Signature/Incorporator	Date