Division of Corporations
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Division of Corporations

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Account Name : FAS T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599~0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

TRANSAMERICAN TITLE COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION OF

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:

MORNINGSIDE FAMILY DAY CARE, INC.

The principal place of business of this corporation shall be:
533 NE 65TH Street
Miami, Florida 33138

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 aggregate number of shares of stock and its value this corporation is authorized to have outstanding at any one time is: 1000 shares.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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):

MICHELET PHILOME 553 NE 65TH STREET MIAMI, FLORIDA 33138 President

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SECREIARY OF STATE

ARTICLE VI INCORPORATOR(S)

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

Michelet Philome 553 NE 65th Street Miami, Florida 33138

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of

Incorporation this 31th day of July, 2001.
Signature(s) of Incorporator Wichelet Philome
CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE
Pursuant to the provisions of Section 607,325, 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 Florid.
1 The name of the corporation:
MORNINGSIDE FAMILY DAY CARE, INC.
2 The name and address of the registered agent and office is: Michelet Philome
(P O BOX NOT ACCEPTABLE)
553 NE 65th Street Miami, Florida 33138
(CITY/STATE/ZIP) Signature Wichelet Philome
Title President
Date July 31, 2001

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HAVING BEEN NAMED TO ACCEPT 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 Wighelet Philome

Date _____ July 31, 2001

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