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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : HUBCO
Account Number : 104662003400
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FLORIDA PROFIT CORPORATION OR P.A.

Treasures From Heaven Childcare Inc.

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

NOV 05 2001

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:

Treasures From Heaven Childcare Inc.

ARTICLE II PRINCIPAL OFFICE

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

Treasures From Heaven Childcare Inc.

5354 19th Avenue S.W.

Naples, FL 34116

ARTICLE III SHARES

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

1500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pamela Earl

5354 19th Avenue S.W.

Naples, FL 34116

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

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TALLAHASSEE, FLORIDA

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ARTICLES V INCORPORATOR(S)

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

Pamela Earl
5354 19th Avenue S.W.
Naples, FL 34116

Shena Villegas
5354 19th Avenue S.W.
Naples, FL 34116

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of Nov 2001.


Pamela Earl - Signature


Shena Villegas - Signature

**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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Treasures From Heaven Childcare Inc.**

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

Pamela Earl

Name

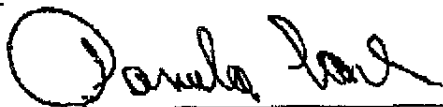
5354 19th Avenue S.W.

(P.O. Box or Mail Drop Box NOT Acceptable)

Naples, FL 34116

(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Pamela Earl
SIGNATURE

11-2-2001

(Date)

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