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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

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

FLORIDA PROFIT CORPORATION OR P.A.

KID'S CARE OF AMERICA, INC.

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Certificate of Status	.0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Busines Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: KID'S CARE OF AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

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

1917 WEST 60 TH STREET HIALEAH, FL, 33012.

ARTICLE III SHARES

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

This corporation is authorized to issue 100 shares of \$ 1.00 per value common stock which shall be designated of 100 % to President.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

FIOR ESTRELLA FABIAN 1917 WEST 60 TH STREET HIALEAH, FL, 33012.

ARTICLE V INCORPORATOR (S)

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

FIOR ESTRELLA FABIAN 9015 NW 32 TH AVENUE MIAMI, FL, 33147.

ARTICLE VI DIRECTOR (S)

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

FIOR ESTRELLA FABIAN 1917 WEST 60 TH STREET HIALBAH, FL, 33012.

The undersigned incorporator (so has (have) executed these Articles of Incorporation this 17 day of January of 2002.

Signature

Signature

Articles of Incorporation Filing Fee -\$ 35.00

X

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE.

..Pursuant to the provisions of sections 60 or, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registere office/registered agent, in the State of Florida.

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

I. The name of the corporation is:

	(NAME)	
r Estrella Fabian:	1917 WEST 60 TH STREEET, HIALEAH, FL, 33012	02 JA
	(ADDRESS)	17 AH 8:

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. IFURTHER 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.

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will the

SIGNATURE X

DATE 1-17-2002.

REGISTERED AGENT FILING FEE: \$ 35.00