

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

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From

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

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

2 MAR -4 AM 9: 56

SION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

MOMY'S DREAM DOULA SERVICES, CORP.

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

ARTICLES OF INCORPORATION OF

MOMY'S DREAM DOULA SERVICES, CORP.

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: MOMY'S DREAM DOULA SERVICES, CORP.

The principal place of business of this corporation shall be: 1335 WEST 49th PLACE SUITE 510 HIALEHA, FL 33012

Article II Nature of Business

This corporation may engage in or transact any or all lawful activities of 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 that this corporation is authorized to have outstanding at any one time is:
ONE THOUSAND SHARES OF COMMON STOCK PAR VALUE \$1.00

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 forst year of the corporation's existence or until their successor (s) is (are) elected, is (are):

Prepared by: Tax Professionals, Corp. 1941 West 68th Street

Hialeah, Florida 33014

305 824-0144

Veronica Exposito 1335 W. 49th Place

Suite 510

Hialeah, FL 33012

02 MAR -4 AM 9: 56

ARTICLE VI INCORPORATOR (S)

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

VERONICA EXPOSITO 1335 WEST 49th PLACE SUITE 510 HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this 2nd Day of March , 2002.

Signature (s) of Incorporator (s)

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<u>CERTIFICATE OF DESIGNATION</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

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 designation the registered office/registered agent, in the State of Florida.

 The name of the corporat 	tion:
MOMY'S DREAM DOULA SI	ERVICES, CORP.
2. The name and address of	the registered agent and office is: 35 WEST 49th PLACE SUITE 510
HIALEAH, FLORIDA 3301	
Çi	ny/State/ZIF
·	Signature Veroni 92 poses
	Title DIRECTOR-PRESIDENT
	Date MARCH 2nd, 2002

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I bereby 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 Statues.

SECRETARY OF STATE OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORATION OF STATE MARCH 2nd, 2002