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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN -4 PM 6:39

FILED

10/1/03

## TRANSMITTAL LETTER

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

SUBJECT: A-1 DAY CARE and LEARNING CENTER INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: A-1 DAY CARE and LEARNING CENTER INC  
Name (Printed or typed)

28728 S Dixie Highway

Address

Homestead FL 33033

City, State & Zip

(305) 247-7675

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

of

**A-1 DAY CARE and LEARNING CENTER, INC.**

**FILED**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I-NAME**

The name of the corporation shall be: A-1 DAY CARE and LEARNING CENTER, INC.

**ARTICLE II-DURATION**

This corporation shall have perpetual existence.

**ARTICLE III-PURPOSE**

The purpose of this corporation is to engage in the transaction of any and all business permitted under the laws of the United States of and of this state.

**ARTICLE IV-CAPITOL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is one hundred (100) shares of common stock, each share having the par value of one dollar (\$1.00).

**ARTICLE V-ADDRESS**

The initial principle office of this corporation is:

53 W. Flagler  
Homestead, Florida 33030

**ARTICLE VI-DIRECTORS**

The corporation shall have two directors, whose name and street address is as follows:

NELIDA ESTRADA  
53 W. Flagler  
Homestead, Florida 33030

JOSE QUINONES  
28728 s. Dixie Hwy.  
Homestead, Florida 33033

## ARTICLE VII-OFFICERS

The name and address of the sole Officer of the corporation who shall hold office for the first year of the corporation's existence, or until successors are elected and qualified is:

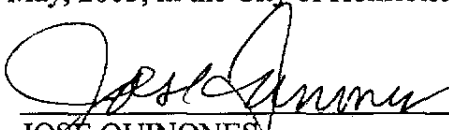
NAME	ADDRESS	OFFICE
JOSE QUINONES	28728 S. Dixie Hwy.	President/ Treasurer
NELIDA ESTRADA	53 W. Flalger Homestead, Florida 33033	Vice-President/ Secretary

## ARTICLE VIII-INCORPORATORS

The name and street address of the incorporators of this corporation is as follows:

JOSE QUINONES	NELIDA ESTRADA
28728 S. Dixie Hwy	53 W. Flagler
Homestead, Florida 33033	Homestead, Florida 33030

IN WITNESS WHEREOF, the undersigned incorporators has executed the foregoing Articles of Incorporation on this 29<sup>th</sup> day of May, 2003, in the City of Homestead, County of Miami-Dade, Florida.

  
JOSE QUINONES  
President/Treasurer

  
NELIDA ESTRADA  
Vice-President/Secretary

## ARTICLE IX EFFECTIVE DATE

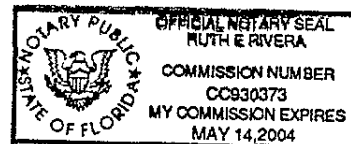
This Corporation shall have an effective date of JUNE 1, 2003.

STATE OF FLORIDA       )  
                                  )SS  
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority personally appeared, JOSE QUINONES, and NELIDA ESTRADA, who properly identified themselves with Florida Drivers' Licenses to me known to be the parties described herein as the sole Incorporator/Officer of the corporation known as A-1 CHILD CARE and LEARNING CENTER, INC. and who acknowledged before me that they signed the foregoing Articles of Incorporation.

WITNESS, my hand and official seal in the County and State aforesaid, this 29<sup>th</sup> day of May, 2003.

  
\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large



CERTIFICATE OF DESIGNATING PLACE OF  
BUSINESS OF DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA , NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED.

A-1 DAY CARE and LEARNING CENTER, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the city of Miami, Miami-Dade County, Florida, has named JOSE QUINONES, whose residence is: 28728 S. Dixie Hwy. Homestead, Florida 33033, as its agent to accept service of process within Florida.

SIGNATURE: \_\_\_\_\_

Jose Quinones

TITLE: President

DATED: May 29, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE 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 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.

SIGNATURE: \_\_\_\_\_

DATE: May 29, 2003

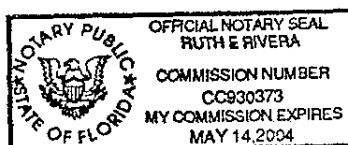
STATE OF FLORIDA            )  
  )SS  
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared, JOSE QUINONES, after being duly sworn deposes and says that the allegations contained in the foregoing Acceptance of Resident Agent are true and correct to the best of his knowledge, and who identified himself with his Florida Driver's License.

SWORN TO AND SUBSCRIBED before me on May 29, 2003 in Homestead, Miami-Dade, Florida.

\_\_\_\_\_  
Notary Public

State of Florida at Large



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED