## P0300064412

(Requestor's Name)			
(Address)			
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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 PROPOSED CORPORATE NAME - MUST INCLU Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621,	F.S. (Profit)	
The name of the corporation shall be:  Linkly Drumass Child CARE A	ud LEDOMING CE	inhae Suc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  3820 / 10 L E00 Road  Jacknowlle, FL 32217	27F	TAN SS T
The purpose for which the corporation is organized is  New Business:		SELLAMIS AL FLOR
ARTICLE IV SHARES The number of shares of stock is: \\00 Shares		ORIDA
ARTICLE V INITIAL OFFICERS/DIRECTOR The name(s), address(es) and title(s): Riching IEARY - (underland) 3820 / voledo food Joro FL 32217	ORS (optional)	• .
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registere  Richia RRRY  3820 AULADO ROAD	d agent is:	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  RICHIE PERRY - PRESIDENT  3826 JOLEDO ROSA  JAX, FL 32217	. <del></del>	<u>.</u>
**************************************	ess for The above stated c	orporation at the place designated in this
Signature/Registered Agent		5/28/03 Date
Signature/Incorporator		5/29/33 Date