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DIVISION OF CHAFGRATION

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TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions	* 			
subject: <u>Сиа</u>	rdian Angel C PROPOSED CORPORATE	hild Care S NAME-MUST INCLUDE	rervices IN	С.	
Enclosed is an origin	nal and one(1) copy of the article	les of incorporation and a	check for :		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Argela Tucker Name (Printed or typed)					
3515 Toucan Dr. Address					
	Tallahassee	FL. 323 State & Zip	05		
	219-9179 Daytime T	elephone number	- MF		

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) ARTICLE I NAME The name of the corporation shall be: Guardian Angel ChildCare Services PRINCIPAL OFFICE The principal place of business/mailing address is: 3515 Toucan Dr Tallahassee, FL. 32305 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ChildCare ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): AngelA Tucker 3515 Toucan DR. President Tallahasse, FL. 32 REGISTERED AGENT The name and Florida street address of the registered agent is: Reg. Agent oucan DR. 32305 The name and address of the Incorporator is: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity