

P03000124035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

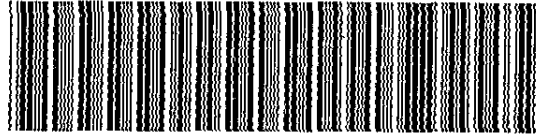
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TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: LIT'L ANGELS ON THE MOVE - AFTERCARE PROGRAM, 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	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: ADRIANA MIHALYI
Name(Printed or typed)

11240 N.W. 52ND STREET
Address

CORAL SPRINGS, FL 33071
City, State & Zip

(954) 255-7166
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LIT'L ANGELS ON THE MOVE - AFTERCARE PROGRAM, INC.

ARTICLE II PRINCIPAL OFFICE

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

5944 CORAL RIDGE DRIVE, #230
CORAL SPRINGS, FL 33076

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The names and addresses of the initial registered agents are:

ADRIANA MIHALYI
11240 N.W. 52ND STREET
CORAL SPRINGS, FL 33071

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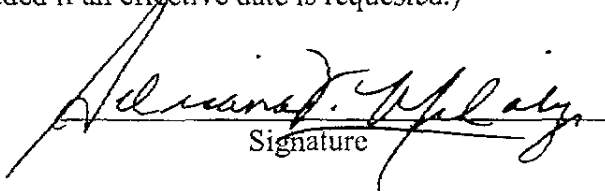
ARTICLE V
INCORPORATOR(S)
See instructions for officers/directors

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

ADRIANA MIHALYI
11240 N.W. 52ND STREET
CORAL SPRINGS, FL 33071

ALICIA MARLIEB
11240 N.W. 52ND STREET
CORAL SPRINGS, FL 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 21ST day of Oct., 20 03.
(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

**CERTIFICATE
OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LIT'L ANGELS ON THE MOVE - AFTERCARE PROGRAM, INC.
2. The name and address of the registered agent and office is:

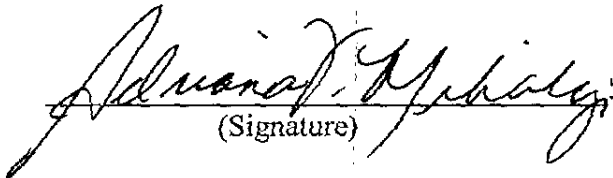
ADRIANA MIHALYI
(Name)

11240 N.W. 52ND STREET
(P.O. Box or Mail Drop Box **NOT** Acceptable)

CORAL SPRINGS, FL 33071
(City/State/Zip)

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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. I further 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.


(Signature)

Oct. 21, 03.
(Date)