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TRANSMITTAL LETTER

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

SUBJECT: MOTHER'S HELPER CHILD CARE CENTER INC.						
	(Proposed corpo	rate name - must include suff				
Enclosed is an original at \$70.00 Filing Fee	nd one(1) copy of the articl 78.75 Filing Fee Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate			
FROM: NORTH	LECCION MGMT. 5	<u></u>				
<u> 195-0</u>	BLANDING BLY Addi	D. ress	·			
<u>(904)</u>	NGE PARK, FL 32 City, State	()(65 e & Zip hone number				

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

ARTICLES OF INCORPORATION

OF

MOTHER'S HELPER CHILD CARE CENTER, INC.

FILED

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SEONELASY OF STATE
TALLANDASEE, FLORDA

The undersigned subscriber of these Articles of Incorporation, a natural person competent to contract, hereby acts as an incorporator to form a corporation under the laws of the State of Florida and adopts the following Articles of Incorporation for such corporation.

ARTICLE I. NAME

The name of the corporation is MOTHER'S HELPER CHILD CARE CENTER, INC.

EFFECTIVE DATE
2-9-04

ARTICLE II. COMMENCEMENT OF EXISTENCE

The existence of the corporation will commence on FEBRUARY 15, 2004, or the earliest date available.

ARTICLE III. PURPOSE

This corporation may engage in any activity or business permitted under the laws of the United States and Florida.

ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE V. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered agent and office of the corporation is 795-C BLANDING BLVD. ORANGE PARK, FL 32065. The name of the initial registered agent at that address is L. B. LAYE, JR., PRESIDENT NORTH FLORIDA MANAGEMENT SYSTEMS, INC. The signature of L. B. LAYE, JR. as registered agent indicates that he accepts the duties and obligations of the position of registered agent.

ARTICLE VI. INITIAL BOARD OF DIRECTORS

This corporation shall initially have one director. The number of directors may be either increased or diminished from time to time, as provided by the By-Laws. The

names and addresses of the members of the first Board of Directors are:

Chairman of the Board

VIKKI SUE PAPALAS JACKSONVILLE, FL

ARTICLE VII. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of this corporation is: 8787 SOUTHSIDE BLVD. #3116

JACKSONVILLE, FL 32256

ARTICLE VIII. INCORPORATOR

The name and address of the incorporator signing these Articles of Incorporation is: VIKKI SUE PAPALAS 8787 SOUTHSIDE BLVD. #3116 JACKSONVILLE, FL 32256. The incorporator of the corporation assigns to this corporation the rights under section 607.161, Florida Statutes, to constitute a corporation, and she assigns to those persons designated by the Board of Directors any rights she may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date existence begins.

ARTICLE IX. AMENDMENTS

This corporation reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Incorporation or any amendment hereto and any right conferred upon a shareholder is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation, this 9TH DAY OF FEBRUARY 2004.

VIKKI SUE PAPALAS

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

Fiorida.			
1. The name of the corporation is: MOTHER'S HELPER CHILD CARE CE	uter,	/NC	<u>.</u> .
2. The name and address of the registered agent and office is:	<u> </u>		
L.B. LAYE, JR. LOETH FLORIDA MGMT. SYSTEMS, /NC.	٠ ٠	_	
795-C BLANDING BLUD.	TCAN I) 4 FE8	7
(P.O. BOX NOT ACCEPTABLE)			
DRANGE PARK IL 32065		æ ω "	Ų
(CITY/STATE/ZIP)		- .	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERV PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGN, THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETED BAND LAM FAMILIAR WITH AND ACCEPT THE COMPANDED OF MY DUTIES.	ATED I AGEN ITH TH TE PEI	IN IT IE R-	

TIONS OF MY POSITION AS REGISTERED AGENT.

DATE 09 FEB 04