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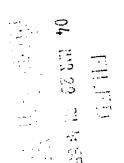
(Re	equestor's Name)	
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TRANSMITTAL LETTER

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

	,		
Enclosed are an orig	rinal and one (1) copy of the arti	icles 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 PPY REQUIRED
FROM:	Linda Lee Bu	(Printed or typed)	
	5039 Sw. 1	OTH CT. Address	
	<u>Margate</u>	Horida State & Zip	<u>3306</u> 8
	(954) 97 Daytime 1	5-8643 Felephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> NAME The name of the corporation shall be: Hopes And Dreams Bay Care Inc., ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5039 Sw 10TH CT. Margate, Horida 33068 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Daycare Provider ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE_V List name(s), address(es) and specific title(s): Linda Lee Burciaga, owner, director 5039 SW 10TH CT. Margate, Florida 33068 REGISTERED AGENT The name and Florida street address of the registered agent is: Linda Lee Buruaga 5039 Sw. 1071 CT. margate, Florida 33068 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Linda Lee Buruaga) 5039 Sw. 1074 CT Margate, Florida 33068 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 3-24-04 Date 3-24-04 Date

ARTICLES OF INCORPORATION