

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

Big Adventures, Inc.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 21, 2004

FAS-T CORP AGENTS, INC.

SUBJECT: BIG ADVENTURES, INC.

REF: W04000019691

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Tammy Hampton Document Specialist New Filings Section FAX Aud. #: H04000109838 Letter Number: 304A00035870

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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:
Big Adventure and Learning Center, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS
The principal place of business and mailing address of this corporation shall be:
16233 SW 96 Terr.
Miami, FL, 33196

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock of a par value of one dollars. (\$ 1.00).

ARTICLE IV NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is Child Care and Learning Center, and any other lawful business activities.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Juan C. Ruiz 16233 SW 96 Terr. Miami, FL, 33196

ARTICLE VI INCORPORATOR(S)

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

Juan C. Ruiz 16233 SW 96 Terr. Miami, FL, 33196

Grisel Bodden 16233 SW 96 Text, Miami, FL, 33196

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ARTICLE VII DIRECTOR(S)

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

Juan C. Ruiz 16233 SW 96 Terr. Miami, FL, 33196

Grisel Bodden 16233 SW 96 Terr. Miami, FL, 33196

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this_21st_day_of_May, 2004

Signature

Signature

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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.

The name of the corporation is: Big Adventure and Learning Center, Inc.

The name and address of the registered agent and office is:

Juan C. Ruiz 16233 SW 96 Terr. Miami, FL, 33196

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

DATE: 21st day of May, 2004