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(Re	equestor's Name)	<u> </u>
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Certified Copies	_ Certificates	of Status
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Office Use Only

TRANSMITTAL LETTER

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

SUBJECT: _____Child Care Tracking CO. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:



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

Articles of Incorporation Incompliance with Chapter 607 and/or Chapter 621, F.S. (profit)

Article 1. The name of the Corporation is:

Childcare Tracking, Inc.

Article 2. The Principle office of the corporation is located at:

12481 Flynn Rd, Jacksonville, FL 32223

- Article 3. The Corporations period of duration shall be perpetual.
- Article 4. The Corporation is authorized to issue one class of stock, that stock being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 5.	List the names of the initial Officers and/or Directors:		04 MA	SECR
	Keith A. Scott	45602 Elmwood Cir, Canton, MI 48188	Y 24	
Article 6.	The name and street address of the registered agent is:		РН) CO CO
	Keith A. Scott	12481 Flynn Rd, Jacksonville, FL 32223	1:12	
Article 7.	The name and st	reet address of the incorporator is:		

Keith A. Scott 12481 Flynn Rd, Jacksonville, FL 32223

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 an agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Articles of Incorporation

Incompliance with Chapter 607 and/or Chapter 621, F.S. (profit)

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Keith A. Scott 12481 Flynn Rd, Jacksonville, FL 32223

Article 7. The name and street address of the incorporator is:

Keith A. Scott 12481 Flynn Rd, Jacksonville, FL 32223

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Signature/Registered Agent

Signature/incorporator

Date

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