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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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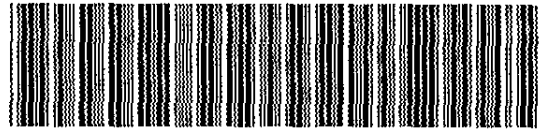
(Business Entity Name)

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ARTICLES OF INCORPORATION

OF

BUILDING BLOCKS DAY CARE CENTER, INC.

THE UNDERSIGNED, acting as incorporator of the professional service corporation ("Corporation") being formed in the State of Florida certifies as follows:

1. **Name.** The name of Corporation is **BUILDING BLOCKS DAY CARE CENTER, INC.**
2. **Purpose.** Corporation is formed for the following purposes:
 - a. To engage in the specific business of a child day care facility based out of the State of Florida.
3. **Address.** The mailing address/office of Corporation is to be located at 3500 Clyde Morris Blvd. Port Orange, FL 32129.
4. **Capital Stock.** The aggregate number of common shares that Corporation shall have authority to issue is One Hundred (100) Common Shares, which shares are to have a par value of One Dollar (\$1.00) per share.
5. **Names of Shareholders.** The name, residence, and social security number of the individual who is to be original shareholders, Directors, and officers of Corporations are:

Name: Julie L. Castro
Address: 416 Pelican Bay Drive
Daytona Beach, FL 32119

SSN: 002-54-4265

Name: Alturo S. Castro
Address: 416 Pelican Bay Drive
Daytona Beach, FL 32119

SSN: 266-71-7851

6. **Registered Agent.** The following person is designated as the agent of Corporation upon whom process against it may be served:

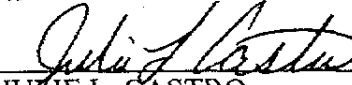
Julie L. Castro
416 Pelican Bay Drive
Daytona Beach, FL 32119

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7. **Incorporator.** The following person(s) is designated as the incorporator(s):

Julie L. Castro
416 Pelican Bay Drive
Daytona Beach, FL 32119

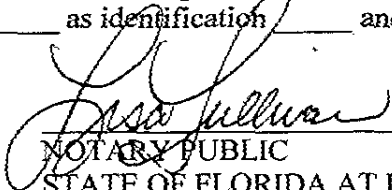
IN WITNESS WHEREOF, we have made, subscribed, and acknowledged this Certificate this
21st day of June, 2004.


JULIE L. CASTRO
Incorporator

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STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 21 day of
June, 2004, by Julie L. Castro, who is personally known by me ✓ or who
has produced _____ as identification _____ and who did not take an
oath.


NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

Lisa Sullivan
Print Name of Notary Public

My Commission Expires: **LISA SULLIVAN**
Notary Public, State of Florida
My comm. expires Aug. 9, 2006
Comm. No. DD 138748



ACCEPTANCE BY REGISTERED AGENT

Having been named to accept services of process for the above-named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of Chapter 48.091, Florida Statutes, relative to keeping open said office for services of process.

Dated this 21st day of June, 2004.


Julie L. Castro
Registered Agent