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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
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FLORIDA PROFIT CORPORATION OR P.A.

ATLANTIC CHILDREN'S ACADEMY, INC.

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ARTICLES OF INCORPORATION
OF
ATLANTIC CHILDREN'S ACADEMY, INC.

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CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **ATLANTIC CHILDREN'S ACADEMY, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **1695 S.E. Indian Street
Stuart, FL. 34994**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five thousand (5,000) shares having a (1.00) par value.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Leif J. Grazi, 217 E. Ocean Blvd. Stuart,
FL. 34994**

ARTICLE V: INCORPORATOR


The name and address of the incorporator of these Articles of Incorporation is Capital Connection,
Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial officer and director is **James Garrette, 3975 N.W. Deer
Oak Drive, Jensen Beach, FL. 34957**

The undersigned has executed these Articles of Incorporation this 6th day of July 2004.

"Capital Connection, Inc. by, Weimar Lopez, Client Representative"



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CLERK OF STATE
TALLAHASSEE, FLORIDACERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

1. The name of the corporation is: Atlantic Children's
Academy, Inc.

2. The name and street address of the registered agent and office is: Leif J. GAZI
217 E. Ocean Blvd.
Stuart, FL 34994

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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.



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