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TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA)	PFCIAL (TENAME-MUSTING)	HTLD Z	ZVC.
Enclosed are an orig	ginal and one (1) copy of the artic	les 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 PY REQUIRED	
FROM:	DASA Name (Frinted or typed)	THOMAS	
	9050 1	PINES BIV	d. Ste.	415
	Pembroke Piner FC. 33024			
	954 -	9 F3 - 03	09	DS JUL

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: THE SPECIAL CHILD, INCORPORATED ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 180 Bonaventure Boulevard, Apt. 303 Weston, Fl. 33326 The purpose for which the corporation is organized is: To perform child care + other services ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Sonia CINTRON S.D. 180 Bona venture Boulevard, Apt. 303 Weston, FL. 33326 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 180 Bona venture Blud. Apt. 303, Weston, FC. INCORPORATOR Sonia Cintron 180 Bonaventure Blud. Apt. 303 The name and address of the Incorporator is: Weston, FL. 33326 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