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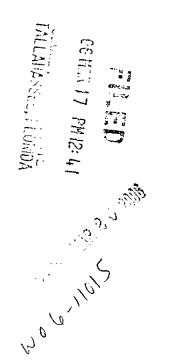
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COVER LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SUBJECT: HAPPY DAYS FAMILY CHILDCARE INC.

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **▼** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: HAPPY DAYS FAMILY CHILDCARE INC. Name (Printed or typed) 1786 SE ELKHART TERRACE Address PORT SAINT LUCIE, FLORIDA 34952 City, State & Zip 772-335-7739

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: HAPPY DAYS FAMILY CHILDCARE INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1786 SE ELKHART TERRACE, PORT SAINT LUCIE, FLORIDA 34952 ARTICLE III PURPOSE The purpose for which the corporation is organized is: **FAMILY CHILDCARE HOME** ARTICLE IV SHARES The number of shares of stock is: MA 1 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SHARLINE WILLIAM, OWNER/DIRECTOR 1786 SE ELKHART TERRACE PORT SAINT LUCIE, FL 34952 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SHARLINE WILLIAM 1786 SE ELKHART TERRACE PORT SAINT LUCIE, FL 34952 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SHARINE WILLIAM 1786 SE ELKHART TERRACE PORT SAINT LUCIE, FL 34952

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

3.1.06

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator