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(Requestor's Name)

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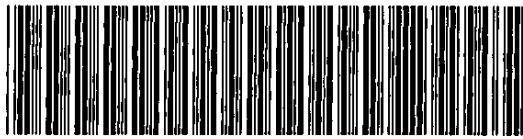
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/19/07--01021--016 \*\*78.75

FILED  
07 MAR 30 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
#/2

107-13724

**COVER LETTER**

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

**SUBJECT: MABEL'S ALL AGE CHILDCARE INCORPORATED**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: OthniEL Sculley  
Name (Printed or typed)

6300 SW 20th Street  
Address

Miramar, Florida 33023  
City, State & Zip

754 244-1325  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2007

OTHNIEL SCULLEY  
6300 SW 20TH STREET  
MIRAMAR, FL 33023

SUBJECT: MABEL'S ALL AGE CHILDCARE, INCORPORATED  
Ref. Number: W07000013724

We have received your document for MABEL'S ALL AGE CHILDCARE, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation principal place of business address must be consistent wherever it appears in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 207A00019314

RECEIVED  
07 MAR 30 PM 2:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
MABEL'S ALL AGE CHILDCARE, INCORPORATED

The undersigned, incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation:

ARTICLE I: NAME OF THE CORPORATION

The name of the corporation is MABEL'S ALL AGE CHILDCARE, INCORPORATED. hereinafter referred to as the "Corporation".

ARTICLE II: PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the principal office and mailing address of the Corporation is 7794 Kismet Street, Miramar, Florida. 33023.

ARTICLE III: DURATION OF THE CORPORATION

The period of duration of the Corporation shall be perpetual unless dissolved according to law.

ARTICLE IV: PURPOSE OF THE CORPORATION

The purpose for which the corporation is organized is to engage in any and all lawful business for which corporations may be incorporated under Chapter 607, Florida Statute, as amended.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE V: AUTHORIZED SHARES

The Corporation is authorized to issue Five Thousand (5,000) shares of common stock with a par value of \$1.00 per share. All stock shall be of one class. The Board of Directors may authorize the issuance of such stock to such person(s) upon such terms and for such consideration as they may deem appropriate. The consideration may consist of any tangible or intangible property or benefit to the Corporation, including cash, promissory notes, services performed, promises to perform services evidenced by a written contract, or other securities of the Corporation.

#### ARTICLE VI: PREEMPTIVE RIGHTS

The Corporation elects to have preemptive rights. Every shareholder, upon the sale for cash of any new or reissued stock of the Corporation, shall have the right to purchase his pro-rata share thereof at the price at which it is offered to others.

#### ARTICLE VII: INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the Corporation's initial registered office is 7794 Kismet Street, Miramar, Florida 33023, and the registered agent at that office is OTHNIEL SCULLEY.

ARTICLE VIII: INITIAL BOARD OF DIRECTORS

The Corporation shall have three (3) directors constituting the initial Board of Directors. The number of directors may be increased or decreased from time to time by the bylaws.

The initial Board of Directors of the Corporation shall be comprised of:

MABEL CAMPBELL

OTHNIEL SCULLEY

CATHY FROST-ANDERSON

150-17 116<sup>th</sup> Drive  
Jamaica, NY. 11434

6300 SW 20 Street  
Miramar, FL. 33023

150-17 116<sup>th</sup> Drive  
Jamaica, NY. 11434

ARTICLE IX: INCORPORATOR

The incorporator of the Corporation is as follows:

OTHNIEL SCULLEY

6300 SW 20 Street

Miramar, FL. 33023

IN WITNESSS WHEREOF, I, OTHNIEL SCULLEY, the undersigned incorporator, have signed these Articles of Incorporation on this 13 day of MARCH, 2007 and acknowledged the same to be my act.



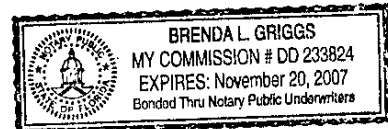
OTHNIEL SCULLEY

STATE OF FLORIDA )

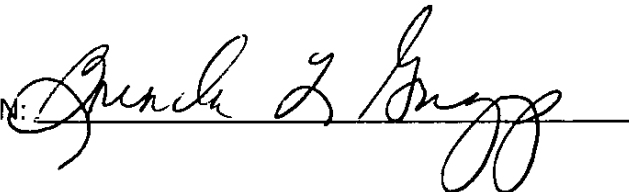
COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me this 13 day of MARCH, 2007 by OTHNIEL SCULLEY, who personally appeared before me at the time of notarization, and who is personally known to me or who produced a FLORIDA IDENTIFICATION CARD as identification.

NOTARY PUBLIC:



SIGN:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED


Pursuant to the provisions of Chapters 48.091 and 607.0501 of the Florida Statutes, the following is submitted, in compliance with said Acts:

First-That MABEL'S ALL AGE CHILDCARE, INCORPORATED desiring to organize under the laws of the State of Florida with its principal office at 7794 Kismet Street, as indicated in the Articles of Incorporation at City of Miramar, County of Broward, State of Florida, as its agent to accept service of process within this State.

-Acceptance of Agent-

ACKNOWLEDGEMENT

Having been named as registered agent and to accept service of process for the above stated 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 accepted the obligations of my position as registered agent.

BY:  \_\_\_\_\_  
OTHNIEL SCULLEY

DATE: March 13, 2007 \_\_\_\_\_

**FILED**  
07 MAR 30 PM 4: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA