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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

NEW DAY CARE DISTRIBUTIONS INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

NEW DAY CARE DISTRIBUTIONS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NEW DAY CARE DISTRIBUTIONS INC.

The principal place of business of this corporation shall be:

4719 NW. 7 ST.
MIAMI, FL. 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MARIA ELENA GIL
5040 SW. 133 rd. AVE.
Miramar, Fl. 33027

DIRECTOR

FELIX ANTONIO LAVERDE
4719 NW. 5 ST. Apt. 408
Miami, Fl. 33126

DIRECTOR

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

MARIA ELENA GIL
5040 SW. 133 rd.AVE.
Miramar, Fl. 33027

PRESIDENT (50. shares)

FELIX ANTONIO LAVERDE
4719 NW. 5 ST. Apt. 408
Miami, Fl. 33126

VICE-PRESIDENT (50 shares)

The undersigned has(have) executed these Article of Incorporation this 13 th. day of April, 2007

Signature/Title

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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: _____

NEW DAY CARE DISTRIBUTIONS INC.

2. The name and address of the registered agent and office is _____

MARIA ELENA GIL

(Name)

5040 SW. 133 rd. AVE.

(P. O. BOX NOT ACCEPTABLE)

Miramar, Florida 33027

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE

Maria Elena Gil

DATE

4-13-07