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DRPORATION NAME(S) & DOCUM	TENT NUMBER(S), (if known):
SalaLVAREZ DI	PAY CARE, CORP.
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Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement

Examiner's Initials

ARTICLES OF INCORPORATION

SECRETARMAN 1:30 The undersigned Incorporator(s), for the purpose of forming a corporation the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I – NAME

The name of the corporation shall be:

Salaharez Day Care, Corp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

8814 West Flagler St #218 Hami, FL 33174

<u> ARTICLE III – SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

<u>ARTICLES IV - INITIAL REGISTERED AGENT AND STREET</u> ADDRESS

The name and address of the initial registered agent is:

Liset L. Salazar 8814 West Flagler St. Unit 218 Hrami, FL 33174

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

> Liset L. Salazar 8814 West Magler St. Unit 218 Mami, FL 33174

The undersigned incorporator has executed these Articles of Incorporation this 25 day of October 2007

ARTICLE VI- DIRECTOR(S)

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

Liset L. Balazar President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature