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To:

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**PUENTES FAMILY DAY CARE HOME, INC**

Certificate of Status	0
Certified Copy	1
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J. Shivers FEB 03 2009

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**ARTICLES OF INCORPORATION**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF  
FORMING A  
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION  
ACT, HEREBY  
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

Puentes Family Day Care Home, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:

2034 SW 143 place Miami FL 33177

**ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Maria L. Puentes

2034 SW 143 place Miami FL 33175.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE  
ARTICLES OF INCORPORATION IS:

Maria L. Puentes  
2034 SW 143 place Miami Fl. 33175.

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES  
OF INCORPORATION THIS

2 DAY OF FEBRUARY, 2009.

x   
SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO  
THESE ARTICLES OF INCORPORATION IS (ARE):

Maria L. Puentes  
President.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

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