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(Requestor's Name)

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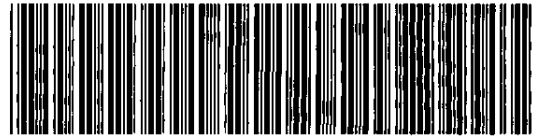
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 20 PM 4:08

10/21/10

Department of State  
New Filing Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

SUBJECT: Family Unlimited, Incorporated

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$78.75 for the filing fee and certificate of status.

FROM: Morneque Moore  
870 Northeast 143<sup>rd</sup> Street  
North Miami, Florida 33161  
(305) 848-5883  
[morneque@gmail.com](mailto:morneque@gmail.com)

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**ARTICLES OF INCORPORATION**

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**Article I**

The name of the corporation shall be: Family Unlimited, Incorporated.

**Article II**

The principal place of business and mailing address of the corporation is 870 Northeast 143<sup>rd</sup> Street,  
North Miami, Florida 33161

**Article III**

The purpose for which the corporation is organized is: To provide educational and entertainment opportunities for the entire family through structured learning and interactive play.

**Article IV**

The number of shares of stock is: 100 shares

**Article V**

The initial officers and directors are as follows:

Morneque N. Moore, Chairman of the Board of Directors and Chief Executive Officer  
870 Northeast 143<sup>rd</sup> Street  
North Miami, Florida 33161

Kevin L. Ramos, President of the Board of Directors and Chief Financial Officer  
870 Northeast 143<sup>rd</sup> Street  
North Miami, Florida 33161

**Article VI**

The name and Florida Street address of the Registered Agent is:

Morneque Moore  
870 Northeast 143<sup>rd</sup> Street  
North Miami, Florida 33161

**Article VII**

The name and address of the incorporator is:

Morneque Moore  
870 Northeast 143<sup>rd</sup> Street  
North Miami, Florida 33161

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



**Required Signature/Registered Agent**

10/16/10

**Date**

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony provided for in s.817.155, F.S.



**Required Signature/Incorporator**

10/16/10

**Date**

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