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HAR-I AM

SECRETARY OF STATE

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Kmail	Address:				

FLORIDA PROFIT/NON PROFIT CORPORATION Kiddoodles, Inc..

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March 1, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

YOUR CAPITAL CONNECTION, INC.

SUBJECT: KIDDOODLES, INC.

REF: W12000012020

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the name of the corporation in Article I.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H12000054007 Letter Number: 812A00008311

COVER LETTER

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

SUBJECT: Kiddoodles, Inc.		
(PROPOSED CORPORA	TE NAME - MUST INC	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Illyce Binder	(Printed or typed)	
1169 Falls Blvd.	ddress	
Weston, Florida 33327		
305-205-0088	lephone number	
illyce@bellsouth.net E-mail address: (to be used	for future annual report	notification)

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Porth) AR - 1 AM | | : 07

ARTICLE I The name of the c	NAME exporation shall be: Kiddoodles, Inc.	
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	1169 Falls Blvd	
	Weston, Florida 33327	
	PORPOSE which the corporation is organized is: ucts to the general public.	
APTICLE IV The number of sh ARTICLE V	ares of stock is: 1,000	maga -
Nome and	Title: Hyce Binder, President	Name and Title: Illyce Binder, Vice President
Address:	1169 Falls Blvd.	
Adulas.	Weston, Florida 33327	Weston, Florida 33327
	The state of the s	
Name and	Title: Andrew Binder, Secretary	Name and Title:
Address:	1169 Falls Blvd	
	Weston, Flotida 33327	
Name and	Title Illyco Rinder Tressurer	Name and Title:
Address:	1169 Falls Blvd	Address:
	Weston, Florida 33327	
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT lorkla street address (P.O. Box NOT acceptab illyco Binder 1169 Falls Blvd Weston, Florida 33327	
ADMINI D DIV	INCORPORATOR	
ARTICLE VII	ddress of the Incorporator is:	
Name:	Ilivoe Binder	
Address:	1169 Falls Blvd	
	Weston, Florida 33327	···
Having been naths certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment t	rocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity \(\begin{align*} \lefta \lefta \rightarrow \lefta \lefta \lefta \rightarrow \lefta \lefta \rightarrow \lefta \lefta \rightarrow \lefta \righta \rightarrow \lefta \righta \righta \rightarrow \lefta \rightarrow \lefta \rightarrow \lefta \righta \rightarrow \lefta \rightarrow \lefta \rightarro
(Jan	Required Signature/Registered Agen	Dete
I submit this do document to the		n are true. I am aware that the false information submitted in a
_the	CO CONDO DE REQUITE O SIGNATURO / INCORPORATOR	2/39/12
U	112	