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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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INC

1. **EAAP MANAGEMENT, INC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: EAAP Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1694 Feather Grass Loop

SAME

Lutz, FL 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Child Care

2007 JUN -4 PM 3:15
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TAMPA, FL

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elma Taghizadeh

Name and Title: President and Director

Address: 1694 Feather Grass Loop
Lutz, FL 33558

Address: _____

Name and Title: Siva Sandeep Pelluru

Name and Title: Sect/Treas/Director

Address: 1694 Feather Grass Loop
Lutz, FL 33558

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Siva Sandeep Pelluru

Address: 1694 Feather Grass Loop
Lutz, FL 33558

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Siva Sandeep Pelluru

Address: 1694 Feather Grass Loop
Lutz, FL 33558

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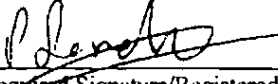
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

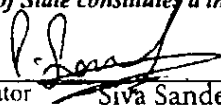
Siva Sandeep Pelluru



3/3/2022

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 as provided for in s.817.155, F.S.


Required Signature/Incorporator

Siva Sandeep Pelluru



3/3/2022

Date