PS QUID / TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahasseo, FL 32314

| SUBJECT:Nit | donal Association of Guildeare Operators, Inc. | |
|-------------------------------|---|---|
| | Proposed corporate name - must include suffix) | F-010000 (44) % 2006 0244 96000-2-000 ++++ 21,25 |
| Enclosed is an original for : | and one (1) copy of the articles of incorporatio | |
| Filing Fee | \$78.75 \$122.50 ^C\$131 Filing Fee Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate | opy |
| FROM: | Dean S. Keil | |
| | Name (printed or typed) | |
| | 2330 S. Congress Ave. Suite 2A | 101D |
| | Address | - 7 () |
| | West Pa lm Beach, FL. 33406 | (12) |
| | , City State & Zin | _ |
| | (407)641-5964 | |
| | Daytime Telephone number | - |

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

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 | NAME

The name of the corporation shall be:

National Association Of Childcare Operators, Inc.

ARTICLE (I PRINCIPAL OFFICE

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

2330 S. Congress Ave. Suite 2A West Palm Beach, FL. 33406

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dean S. Keil 5019 80th Terr S. Lake Worth, FL. 33467

ARTICLE V INCORPORATOR(S)

The name(s) and street address(os) of the incorporator(s) to those Articles of incorporation is(are):

Donn S. Koll 2330 S. Congress Ave. Suite 2A Westt Palm Beach, FL. 33406

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of February , 19 95 .

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is: National Association of Childcare Op | eratord, Inc. | |
|---|---|--------|
| | SS FEB ECRETA | - 1 |
| 2. The name and address of the registered agent and office is: | S PH 2: 20 RY OF STATE SSEE.FLORIDA | |
| (Name) | | |
| 5019 80th Terr. S. | | |
| (P.O. Box not acceptable) | | |
| Lake Worth, FL. 33467 | | |
| (City/State/Zip) | | |

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am families with and accept the obligations of my position as registered agen!

(Signature) (Date)