## P950001/255 TRANSMITTAL LETTER

Slocks Academy, Inc

056 5676 Hm) (WK) 68/-6909
Daytime Telephone number

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

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FROM:	<u>Jerea</u> Name	Additional Copy Required  La Robinson  (printed or typed)
	3031	Notre danc ST Address
	TAL	Address  Ahassee Ha 30308  ity, State & Zip

(Proposed corporate name - must include suffix)

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 Horida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLEI NAME The name of the corporation shall be: Building Blocks ACAdemy, Inc.

> ARTICLE II PRINCIPAL OFFICE

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

1322 Martin Luther King Blud Tallaliussee, Ela 533.4

Alarhoris seletress 30-31

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Terentha Robinson 827 Brianday ST Tall shussee flac 32310

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Terenthe Robinson 827 Briandon ST TAIL Fla 32310

Donald Williams
3031 Notice done st
TAll Pla 30304

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

Je with Robinsi

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Bu	riding	Blacks	Acndeni	4.4.
2.	The name and address of the reg	gistered a	gent and office			
	Teren	4.60	Pipin	Kin		

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

(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 familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE)