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

80000170848 -02/07/96--01007--006 ******88.75 *****78.75

SORPECT:	PARENT HELP			
	(Proposed corporate	name - must include suffix)		
Enclosed is an origination:	al and one (1) co	ppy of the articles of inco	rporation and a ch	, O O Ck
= \$70.00 Filing Fee	X \$78.75 Filing Fee	122.50	\$131.25 KAN	
	& Certificate		ing Fee, I Miss Red Copy I Miss	a:
		Additional Copy Requ	erdificate FLO	e (T)
				n ;
FROM:	RONALD B	RADLEY		
	Name (printed or typed)		
11351 NW 29 STREET 196				
		Address	 [q	// '
	SUNRISE	FL 33303	21	
		FL 33323 , State & Zip	'/'.	1)
		·	(
954~626~6033 Daytime Telephone number				
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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:

PARENT HELPER INC

SECRETURY OF SIMILAHASSEE, FLORING

ARTICLE II PRINCIPAL OFFICE

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

11351 NW 29 ST

SUNRISE FL 33323

ARTICLE III SHARES

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

10000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MONICA BRADLEY 11351 NW - 20'St SUNRISE FL 33321

FILING FEE: \$70.00

ARTICLE V INCORPORATORIS

See instructions for officers/directors

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

e\$

RONALD BRADLEY

PRESIDENT

MONICA BRADLEY

VICE PRESIDENT

TREASURER

11351 NW 29 st SUNRISE FL 33323

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

Mourer Bradley

Signatura

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:	PARENT HELPER INC		
	, <u> </u>	#540 04 2 20 102		
2. The	name and address of the registered	agent and office is:		
	MONICA BRADL	EY SECON LAND		
	11351 NW 29	an in		
	(P.O. Box or M	(ail Drop Box NOT ACCEPTABLE)		
	SUNRISE FL	33323 COITY/STATE/ZIP) 5		
		Dril 6		

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.

Moure Bradles 1/30/96 (SIGNATURE) DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314