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

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for:] \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	Koisiaio	90 AUG	:20 F11
	FROM:	Dawr	OF CORPORATION	3 FL 48	CEIV		
6712 Tony Lee Trail						9: 17	C
Tallahassee FL 32308 City, State & Zip 1							
		(904) 8	93 - 0305 e 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 I

•				^
Dawn	clark's	Family	Day	Care, Inc.

NAME

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

The name of the corporation shall be:

LETIZ TOMY LE TRail Tallahassee, FZ 32308

ARTICLE III **SHARES**

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dawn M. Clark

6712 Tomy Lee TRail

Tallahassee, FL 32308

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):

President: Dawn M. Clark 6712 Tomy Lee Truit Tallahassee, FL 32300

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

14 day of August , 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

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, 1 HE 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:	Dawn Clarks Family Da
2. The name and address of the re	gistered agent and office is:
Daw	(NAME)
(P.O.	Box or Mail Drop Box NOT ACCEPTABLE)
Tallo	hasse FL 32308

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 a l statutes relating to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent.

SIGNATURE) B-14-96
(DATE)