Florida Department of thate
Division of Corporation
P.O. Box 5327
Tallahass ee, FL 32314

Re: Harmony Child Care Center, Inc.

Gentlemen:

2:00:002140502--0 -04/11/97--01070--021 ****122.50 ****122.50

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

FILED 97 APR 11 AN 10: 37 SECHETAN CONSTATE ALLAHASSEE, F. ORINA

Harmonychild Care Center Inc.

Hamony Child Care Center

P.O. Box 4/1 Chilfland A

32644 PHONE

(352) 493-0332

Seminole Form 215: Trans. Letter (0195)

ne 4/14/97

ARTICLES OF INCORPORATION

HARMONY Child

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CO	RPORATE NAME	
The name of the corporation is: HARMONY Child CA	IKE CENTER	INC.
ARTICLE II This corporation shall exist perpetually unless dissolved a	- DURATION ccording to Florida law.	FILED APR 11 MH IC: 3 RETART OF STATE AHASSEE, FLORID
ARTICLE II	II - PURPOSE	7 A
The corporation is organized for the purpose of engaging nited States and the State of Florida.	in any activities or business perm	itted under the laws of the
ARTICLE IV - The corporation is authorized to issueshares	CAPITAL STOCK of common stock, par value \$	per share.
ARTICLE V - INITIA The street address of the initial principal office and, if dif	L PRINCIPAL OFFICE ferent, the mailing address is:	
STREET ADDRESS		
12551 N. Hwy 19		
CITY Chiefland	FLORIDA	ZIP 32626
Mailing address, if different		
STREET ADDRESS		
P.O. Box 411		
CITY Chiefland	FLORIDA	ZIP 32644
ARTICLE VI - INITIAL REG	ISTERED OFFICE AND AGE	abla T
The street address of the initial registered office and	the name of the initial register	red agent at the office is:
NAME Linda J. Scott		
ADDRESS 12551 N. HWY 19		
CITY Chilfland	FLORIDA	ZIP 32626

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ARTICLE VII - INITIAL I	BOARD OF DIRECTORS	
either increased or diminished from time to time by the By-Law		ber of directors may be 1). The names and
addresses of the initial director(s) of the corporation are as follo	ws:	
NAME Linda J. Scott		
ADDRESS P. O. BOX 2211		
CITY Chiefland	state Florida	ZIP 32644
NAME David M. Scott		
ADDRESS P.O. BOX 2211		
CITY Chiefland	state Florida	ZIP 32644
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLE VIII - I	INCORPORATORS	
The names and addresses of the incorporators signing these Art	icles of Incorporation are as follow	s:
NAME Linda J. Scott		,
ADDRESS P.O. BOX 2211		
CITY Chiefland	STATE Florida	ZIP 32644
NAME David M. Scott		
ADDRESS P.O. BOX 2211		
city Chiefland	STATE Florida	ZIP 326 44
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Art	icles of Incorporation this	inth
day of April	_, 19 <u>97</u> .	•
•	D-11 0 11	,
	Binday . Scott	(Signature)
/4	H // MIT Da	_
-	1 Sind My Stall	(Signature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



HARMONY Child CARE CENTER INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 12551 N. Hwy 19
Chiefland FL 32626
has named Linda J. Scott

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)