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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 97 JUL 10 PH 1: 37
SECRETARY OF STATE
ALL MINSSEF FLORIDA

SUBJECT:	Teachens Educational ASSC. FOR
	(Proposed corporate name - must include suffix)
	(Proposed corporate name - must include suffix) Childhood
	CORP

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate □\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Chals Mongan Name (Printed or typed) PO BOX 814	800002234878- -07/10/9701046(*****78.75 ******
	Address Williston, Fla 349 Cify, State & Zip	189
	352 840 060/ Daytime Telephone number	

AN 7-11-97

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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<u>ARTICLE I NA </u>	<u>IME</u>	₩ 1
The name of the corpor	ration shall be:	
Teacher	rs Educutional Asse. For Childhood	I conp.
ARTICLE II PR	RINCIPAL OFFICE	•

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

POBOX 814 WIIISHON, FIQ 34482

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 11000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Chris Mon647

N+2 Box 350

Invenness, F14 34470

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Chais MORGAN 142 BOX 350 Inverness, F/a 34170

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

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 agreet the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all staffutes 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

fignature/Registered Agent