

P970000 65095

Transmittal Letter

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

Subject : PROTECT YOUR CHILD CORPORATION
Proposed Corporate Name-Must include Suffix

UUUU02249550--1
-07/29/97--01001--001
***131.25 ***131.25

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

FROM :

Nicholas L. Trolli
4185 Sandune Avenue
North Port, Florida 34287
(941) 423 - 7700

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 28 PM 3:30

7-28-97
WS

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.

ARTICLE I NAME

The name of the corporation shall be:

Protect Your Child Corporation

ARTICLE II PRINCIPLE OFFICE

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

4185 Sandune Avenue
North Port, Florida 34287

ARTICLE III SHARES

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

One Thousand Shares (1000) of common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

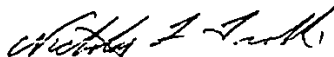
Nicholas L. Trolli
4185 Sandune Avenue
North Port, Florida 34287

ARTICLE V INCORPORATOR

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

Nicholas L. Trolli
4185 Sandune Avenue
North Port, Florida 34287

97 JUL 28 PM 3:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

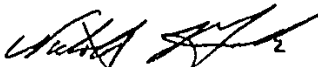


Signature/Incorporator

7-28-97

Date

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/Registered Agent

7-28-97

Date