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

DOC. EXAM.

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SUBJECT:	The Kiddie Express, Inc			_
Enclosed is an	original and one(1) copy of the a	sed corporate name - must includ		
S70		\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DPY REQUIRED	
FROM: Brenda Gordon Name (Printed or typed)				
2245 Murilla Way South			DIV.	97
Address St. Petersburg, FL 33712				e e
City, State & Zip				ILED MIC
812-0330			GKATII	D: 3:
AUTHORIZATION CORRECT	BY PHONE TO	time Telephone number	ONS	O,

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.

ARTICLE I NAME

The name of the corporation shall be:

The Kiddie Express Inc.

ARTICLE II PRINCIPAL OFFICE

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

1198 54th Avenue South St. Petersburg, FL 33705

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Bernetta Blossom 1198 54th Avenue South St. PEtersburg, FL 33705

ARTICLE V INCORPORATOR

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

Brenda Gordon 2245 Murilla Way South St. PEtersburg, FL 33712

Signature/Incorporator

TALLAHASSEE, FLORIU

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Date

(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 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

Resulted Blossom

9-1-9

Signature/Registered Agent

Date