P9700055595

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

200002310092--6 -10/02/97--01082--005 ****131.25 ****131.25

SUBJECT:C	+ILD INSIG	SHTS, INC	e suffix)	-	
Enclosed is an original ar	nd one(1) copy of the arti	cles 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: _	PATRICIA L. CHISM Name (Printed or typed)				
_	13903	TCOT Blvd Address	L; #807		
	Clear	water, Flori	ida 3376	0	
-		531-2724 e Telephone number	× 108 TALLAH	97 OCT	
			ASSEE, FLORIDA	FILED CT-2 MII: O	

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

-nc 10/3/97

ARTICL	ES O	R INC	ORPOR	ATION
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FILED

The undersigned incorporator, for the purpose of forming a corporation under the Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be:	FBFidDCT -2 ANTI: 01 SECRETATION OF ATE TALLAHASSEE, FLORIDA					
CHILD INSIGHTS, INC. ARTICLE II PRINCIPAL OFFICE						
The principal place of business and mailing address of this corporation shall						
13923 I COT BOULEVAR SILITE BOT CLEARWATER, FLORIDA	2D					
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 The name and Florida street address of the initial registered agent are:	ET ADDRESS					
PATRICIA L. CHISM #807						
ARTICLE V INCORPORATOR						
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:						
PATRICIA L. CHISM	^ 7					
13923 JCOT BIVA; #8 CLEARWATER, FL 3376	0)					
Patricia & Chism	10/1/97					
Signature/Incorporator	Date					
PATRICIA L. CHISM						

(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

Signature/Registered Agent

Date

PATRICIA L. CHISM