## TRANSMITTAL LETTER

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

SUBJECT:	COMPREHENSIVE DAY (	CARE, INC.	
	(Proposed corpo	rate name - must include suf	·
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$131.25 Filing Fee, Certified Copy & Certificate
FROM:	MARCIA THOMAS		
	Name (Printed or typed)		
	7812 Biltmore Boulevard		
Address			22 NAC 86
	MIRAMAR, FLORIDA	33023	
,	City, State & Zip		

(954) 961-0578

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

Daytime Telephone number

## 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.

NAME ARTICLE I

The name of the corporation shall be:

COMPREHENSIVE DAY CARE, INC.

PRINCIPAL OFFICE

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

18311 NW 30th Avenue Miami, Florida 33056 Phone (305) 621-2580

ARTICLE III SHARES

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

1000 (one thousand)

## INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

HARCIA THOMAS Phone 954-961-0578 7812 Bilthore Boulevard Miramar, Florida 33023

INCORPORATOR ARTICLE V

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

Marcia Thomas 7812 Biltmore Boulevard Miramar, Florida 33023

Signature/Incorporator

marcia Thomas

(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

Marcia Thomas

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