TRASMITALIETTER 3/138

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

SUBJECT:	Proposed or	PRE School orporate name - must include	Eday GARE CENTER
	(-1,		FNC.
			3000024955335 -04/21/9801063004 ****122.50 ****122.50
Enclosed is an original	al and one(1) copy of the articles	s of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee Copy & Certificate L PY REQUIRED
FROM: _	MARTA E Name (Pr	COLREA inted or typed)	φ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
	8719 SW 1	47 PL ddress	· · · · · · · · · · · · · · · · · · ·
	Miqui 7 City, 5	3319 State & Zip	3
	305 - 383 Daytime Te	3 - 8655 lephone number	

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the FISFIGRETARY OF STATE ACT hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:
Passions Suitas Preschool & Day Calle (#1010)
The name of the corporation shall be: PRECIOUS Smiles PRESCHOOL & Day CORE CENTER INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
8719 SW 147 PL
Miami, Fl 33193. ARTICLE III SHARES
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: MARHA & CORRECT MIGMI, FI 33193 8719 BW 147 PL
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
· Martae Correa
8719 SW 147 PL
May: 71 33193
Many new 198 Signature/Incorporator Proto
Signature/Incorporator 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

Signature/Registered Agent

Date