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

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SUBJECT: Early	Childhood Profess	ional Services, I	NC.	
	(Proposed corpo	orate name - must include suf	fix)	
				•
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for :	•
\$70.00	□ \$78.75	□\$122.50	5 \$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy & Certificate	
			& Cerunicate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Daisy S. Suita Name (Printed or typed)		A.	
	911 N.W. 183			F 98 JUN 1 SECRETA
	·			HAT SE A
	Address		SEE SEE	
	Miami, FL 33169		PM PM	
•	City, State & Zip			
	(305) 652-5995		Din 4
-		Telephone number		
laisy	GAVE	•		
THORIZATION BY P	HONE TO			
RECT SOUTH		: .		
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)C. EXAM 1949				

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:

Early Childhood Professional Services, INC.

ARTICLE II PRINCIPAL OFFICE

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

911 N.W. 183rd Street Miami, Florida 33169

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Daisy S. Suita 18521 N.W. 82 Ave Hialeah, Florida 33015

ARTICLE V INCORPORATOR

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

Daisy S. Suita 18521 N.W. 82 Ave. Hialeah, Florida 33015

June 5,1998

(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

une 5,1998

Date