P98890091476

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

300002672503--3 -10/26/98--01092--025 *****78.75 ******78.75

SUBJECT: R	Rainbow Child Care, (Proposed corpora	Tnc. nte name - must include suffi	ix)	- :	
:		ct	about for		
Enclosed is an original a \$70.00 Filing Fee	and one(1) copy of the article \$78.75 Filing Fee & Certificate	S of incorporation and a \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED]	
FROM:	Kimberly Englis Name (P	h rinted or typed)	<u> </u>	"., <u></u> .	*
	3825 Holly Ct.		86 DIAIRIU DASEC		
-	zellwood. FL 3	32798 State & Zip		FILED STATE OF STATE OF CORPORATION OF CORPORATION 98 OCT 26 PM 2:49	
	407-880-6411 Daytime 7	Telephone number		ATTONS	

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

10,27

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:

Rainbow Child Care, Inc.

PRINCIPAL OFFICE ARTICLE II

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

1015 W. Orange Blossom Trail

32703 Apopka, FL

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Kimberly English 3825 Holly Ct. Zellwood, FL 32798

INCORPORATOR ARTICLE V

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

Kimberly English 3825 Holly Ct. Zellwood, FL 32798

(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 20

Signa(ure/Registered Algent

Date