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**Florida Department of State****Division of Corporations**

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**To:**

Division of Corporations  
Fax Number : (850) 922-4001

**From:**

Account Name : CREDIT SOLUTIONS, INC.  
Account Number : 110451000522  
Phone : (305) 827-9080  
Fax Number : (305) 827-3778

**FILED**  
98 NOV 12 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.****UNDER THE RAINBOW FAMILY DAYCARE INC.**

Certificate of Status	1
Certified Copy	0
Page Count	05
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## ARTICLES OF INCORPORATION

ARTICLE 1-NAME

The name of the Corporation is

UNDER THE RAINBOW FAMILY DAYCARE  
INC.ARTICLE 2-PURPOSE OF CORPORATION

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

ARTICLE 3-PRINCIPAL OFFICE

The address of the principal office of this Corporation is:

10745 SW 55 ST  
MIAMI, FL 33165ARTICLE 4-INCORPORATOR

The name and street address of the incorporator of this Corporation is:

ISABEL OROSA.

10745 SW 55 ST  
MIAMI, FL 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of October, 1998.Isabel Orosa10/29/98FILED  
98 NOV 12 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Prepared by Credit Solutions

1790 W. 49 ST.

400-2

Hialeah FL 33012 DU 305-827-9080

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ARTICLE 5-OFFICERS

The officers of the Corporation shall be:

President: ISABEL ROSA  
Vice-President: FRANCISCO J. ROSA.  
Secretary: FRANCISCO ROSA.  
Treasurer: DERECK ROSA

ARTICLE 6-DIRECTOR(S)

The Director(s) of the Corporation shall be:

ISABEL ROSA.

ARTICLE 7-SHARES

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

100 SHARES AT \$1.00 PAR VALUE.

ARTICLE 8-REGISTERED OWNERS

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books if the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

ARTICLE 9-EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

ARTICLE 10-AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT / REGISTERED OFFICE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is:

UNDER THE RAINBOW FAMILY DAY CARE INC

2. The name and address of the registered agent and office is:

Isabel ROSA

10745 SW 55 ST  
MIAMI, FL 33165

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



DATE

10/29/98

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