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

800002721839--6
-12/24/98--01045--018
*****70.00 *****70.00

Re: McKNIGHT'S DAY CARE, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing Fees and the Fee for Registered Agent Designation for the above named corporation.

Yours truly,

George J. McKnight
(Individual's Name)
McKNIGHT'S DAY CARE, INC.
(Name of Corporation)

FILED
98 DEC 24 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DMP
12/29/98

ARTICLES OF INCORPORATION

of

MCKNIGHT'S DAY CARE, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MCKNIGHT'S DAY CARE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
1497 POPPY AVENUE			
CITY	ORLANDO	FLORIDA	ZIP 32811

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	GEORGIA F. MCKNIGHT		
ADDRESS	1497 POPPY AVENUE		
CITY	ORLANDO	FLORIDA	ZIP 32811

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	DAWUD AL-HADAD			
ADDRESS	4937 CASON COVE DRIVE	APT. #834		
CITY	ORLANDO	STATE	FLORIDA	ZIP 32811
NAME	EDDIE MAE SMITH			
ADDRESS	5310 LILY STREET			
CITY	ORLANDO	STATE	FLORIDA	ZIP 32811
NAME	GEORGIA F. MCKNIGHT			
ADDRESS	1497 POPPY AVENUE			
CITY	ORLANDO	STATE	FLORIDA	ZIP 32811

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	DAWUD AL-HADAD			
ADDRESS	4937 CASON COVE DRIVE	APT. #834		
CITY	ORLANDO	STATE	FLORIDA	ZIP 32811
NAME	EDDIE MAE SMITH			
ADDRESS	5310 LILY STREET			
CITY	ORLANDO	STATE	FLORIDA	ZIP 32811
NAME	GEORGIA F. MCKNIGHT			
ADDRESS	1497 POPPY AVENUE			
CITY	ORLANDO	STATE	FLORIDA	ZIP 32811

The undersigned incorporator(s) have executed these Articles of Incorporation this 17TH day of DECEMBER, 19 98.

Dawud Al Hadad (Signature)

Eddie Mae Smith (Signature)

Georgia F. McKnight (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED

98 DEC 24 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MCKNIGHT'S DAY CARE, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1497 POPPY AVENUE

ORLANDO, FLORIDA 32811

has named GEORGIA F. MCKNIGHT

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Georgia F. McKnight
(Signature)

12 / 18 / 98
(Date)