P99000000035629

Ursula M Link
New Creations Child Care Services,
Inc.
3530 Amigos Avenue
Orlando, FL 32808

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 400002806824--1 -03/15/99--01155--002 ******70.00 ******78.00

Re: New Creations Child Care Services, Inc.

Dear Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorportion, along 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,

Ursula M Link New Creations Child Care Services, Inc.

99 MAR 15 AM 8: 36
SEURETARTUR STARK
TALLATIASSEE FI OSTA

ARTICLES OF INCORPORATION

•	ARTICLES OF INCORD CIVILION	
	of	
New Co	reations Child Care Services, Inc.	
	(name of corporation)	
The undersigned acting as the inception of the incorporation of the inco	corporators of a corporation under the Florida Business for such corporation:	Corporation Act, adopt(s)
	ARTICLE I - CORPORATE NAME	
The name of the corporation is:		991 1ML
New Creations Child	d Care Services, Inc.	
		ASS 5
	ARTICLE II - DURATION	E B
This corporation shall exist perpe	etually unless dissolved according to Florida law.	8: 36 SIANE FLORIDA
	ARTICLE III - PURPOSE	<i></i>
nited States and the State of Florida.	ARTICLE IV - CAPITAL STOCK	
The corporation is authorized to	issue 1000shares of common stock, par value \$	1.00 per shar
The street address of the initial p	ARTICLE V - INITIAL PRINCIPAL OFFICE orincipal office and, if different, the mailing address is:	
3530 Amigos Avenue	FLORIDA	ZIP 32808
CITY Orlando Mailing address, if different		32000 12
STREET ADDRESS		
	(CAME)	
CITY	(SAME) FLORIDA	ZIP

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

NAME Ursula M Link	44 10004	
ADDRESS 3530 Amigos Avenue		
CITY Orlando	FLORIDA	ZIP 32808

This corporation shall have Three (Laws, but shall never be less than one	aber of directors may be (1). The names and
NAME Garatur I Kova		,
Carotyll J Reys		
CITY Oxon Hill	STATE Maryland	ZIP 20745
0.0011 1.12.23		
OISUIA A. DIIN		,
CITY Orlando	STATE Florida	ZIP 32808
0222		
NAME Albert W Link	,	
ADDRESS 3530 Amigos Avenue	STATE _{Florida}	ZIP 32808
CITY Orlando	I - INCORPORATORS	32000
The names and addresses of the incorporators signing these	Articles of Incorporation are as follow	/s:
NAME Gwen Reed		
ADDRESS 2724 Silkwood Circle #924		
CITY Orlando	STATE Florida	ZIP 32818
NAME Yesenia Beato		
ADDRESS 2636 Silkwood Circle #525		
CITY Orlando	STATE _{Florida}	ZIP 32818
NAME _{Shirley} Jones		
ADDRESS 5399 Champagne Circle		
CITY Orlando	STATE _{Florida}	ZIP ₃₂₈₀₈
The undersigned incorporator(s) have executed these		h
day of February		
	Jun Red	(Signature)
	Shirley Jones	(Signature) (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



New	Creations	Child	Care	Services,	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 <u>3530</u> 2	Amigos A	<u>venue</u>		· · · · · · · · · · · · · · · · · · ·		·	···	_
Orland	đo, FL	32808	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · ·		-
has named	Ursula	M Link		_				_

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.

Visul MLeik 9/25/99
(Signature) (Date)