OFFICE USE DNLY (Docum CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Mail out Will wait Certificate of Status Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger DIVISION OF CORPORATION OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 4, 1999

LAZARUS

MIAMI, FL

SUBJECT: CHILDRENS' ENHANCEMENT CENTER, INC.

Ref. Number: W99000002932

We have received your document for CHILDRENS' ENHANCEMENT CENTER, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The originial file number P99000009006 has been issue to another Corporation. When you return your document you will be given another number.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 099A00005090

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation ω

ARTICLE I NAME

The name of the corporation shall be:

CHILDRENS' ENHANCEMENT CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

8501 NW 172 ST MIAMI LAKES, FL. 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 (one THOUSAUS)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN F. SANTAMARIA 8501 NW 172 ST. MIAMI LAKES, FL. 33015

ARTICLE V INCORPORATOR(S) The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): JOHN F. SANTAMARIA 8501 NW 172 ST. MIAMI LAKES, Fr. 33015 ARTICLE VI DIRECTOR(S) The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are): JOHN F. SANTAMARIA (P) 8501 NW 172 ST. MIAMI CAKES, Fr. , 33015 The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ________ day of _______, 19_9_7.

Articles of Incorporation Filing Fee - \$35

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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: CHILDRENS ENHANCEMENT
	CENTER, INC.
2.	The name and address of the registered agent and office is:
	JOHN F. SANTAMARIA
	(NAME)
	8501 NW 172 ST
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI LAKES, FZ. 330/5
	(CITY/STATE/ZIP)
PPO DESI REG AGR THE FAM	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS ISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER SEE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM ILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS ISTERED AGENT.
	SIGNATURE AND THE STATE OF THE
	DATE 1/27/99 DE 5

REGISTERED AGENT FILING FEE: \$35.00