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LAZ RUS CORPURATE FILING SERVICE, INC.	
(Requestor's Name) 3320 S.W. 87th AVENUE	9000028871292
(Address)	-05/26/9301059021 *****78.75 *****78.75
MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASSEE	1000
OFFICE USE	ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if know	wn):
1. CHILDREN'S ENHANCEMENT (Corporation Name) (Document#)	CENTER FF, INC.
2	
(Corporation Name) (Document #)	
(Corporation Name) (Document #)	
4. (Corporation Name) (Document #1)	99 SE
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## ARTICLES OF INCORPORATION

99 JUN -2 PM 3: 02
SECRETARY OF STATE
TALLAHASSEE FLORID

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

## <u>ARTICLE I NAME</u>

The name of the corporation shall be:

CHILDRENS' ENHANCEMENT CENTER II, INC.

## ARTICLE II PRINCIPAL OFFICE

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

8501 NW. 172 ST. MIAMI, DADE COUNTY, FLORIDA

#### 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 THOUSAND.

## 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 MIMM, FR. 33015

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):  TOHN T. SANTAMARIA  8501 NW 172 ST  MINIMITE TO 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 Nal. 172 5T
Mam Te. 33015
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this, 19, 19, 19
Signature
Signature

Articles of Incorporation Filing Fee - \$35

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.

The name of the corp <u>oration is: CHILDRENS ENHANCEMEN</u> CENTER II, INC
CENTER II, INC
The name and address of the registered agent and office is:
JOHN F. SANTAMARIA
(NAME) .
8501 NW 172 ST
(P.O. BOX <u>NOT</u> ACCEPTABLE)
Minni, Fr. 33015
(CITY/STATE/ZIP)

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

99 JUN -2 PM 3: 02

SECRETARY OF STATE

ASSEE FLORID

REGISTERED AGENT FILING FEE: \$35.00