TRANSMITTAL LETTER

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

SUBJECT: Cookie Mom's Care, Incorporated

I enclose an original and _1_ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$78,75.

From:

Aurora Montana

1676 Park Street

Juno Beach, FL 33408

ARTICLES OF INCORPORATION

OF



Cookie Mom's Care, Incorporated

ARTICLE I NAME

The name of the corporation shall be: Cookie Mom's Care, Incorporated.

ARTICLE II PRINCIPAL OFFICE

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

Juno Beach, FL 33408

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

.___ ----

<u>Aurora Montana</u>

1676 Park St.

Juno Beach, FL 33408

ARTICLE V INCORPORATOR

| The name and street address of the incorporat Articles of Incorporation is: | or to the | ese | | - |
|---|------------|--------|------|-------------------|
| Aurora Montana | · • - · | | 1 1- | 4. ⁹⁹⁹ |
| 1676 Park St. | | | -1 - | <u>:</u> |
| Juno Beach, FL 33408 | | | ı | = |
| The undersigned has executed these Articles of this 200 day of Jame 1999. | f Incorpo | ration | . , | - 5% - |
| Jurura Montana, Incorporator | | | - | - - - - |

ARTICLE V OFFICERS

| The officers of the corporation shall be: | | · |
|--|-----|---------------|
| Kathryn M. Cook, President and Treasurer | | |
| 18171 Jupiter Landings Drive | | |
| Jupiter, FL 33458 | | |
| Aurora Montana, Vice President and Secretary | . • | |
| 1676 Park St. | | · - <u>a.</u> |
| Juno Beach, FL 33408 | 1 | · |

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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: | |
|--|--------------|
| Cookie Mom's Care, Incorporated | TS 10 |
| 2. The name and address of the registered agent and office is: | 99 JUI |
| Aurora Montana | 707 |
| 1676 Park Street | SSA -1 |
| Juno Beach, FL 33408 | PH 1:5 |
| Signature: Querra Montana | ALDA SIDA |
| Title: Vice President | |
| Date: 6-2-99 | |

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: Curura Montana

Date: 6-2-99