P9990000066

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

SUBJECT:

800002935088--3 -07/19/39--01106--013 ****122.50 ******78.75

Enclosed is an original a	nd one(1) copy of the artic	cles of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Conv	□ \$131.25 Filing Fee, Certified Copy

(Proposed corporate name - must include suffix)

MORRIS HOME DAY CARE, INC.

ADDITIONAL COPY REQUIRED

& Certificate

FROM:	SONDRA M. MORRIS	TASE 99
_	Name (Printed or typed)	CRET
	2630 DORENA DR	ASS 19 11.1
-	Address	PR F
	ORLANDO, FL 32839	CORRESTATE
-	City, State & Zip	?m +
	(407) 826-3533	· +
_	Daytime Telephone number	• •

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MORRIS HOME DAY CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

2630 DORENA DR. ORLANDO, FL 32839

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

10,000 SHARES OF \$ 1.00 PAR VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SONDRA M MORRIS 2630 DORENA DR. ORLANDO, FL 32839

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SONDRA M MORRIS 2630 DORENA DR. ORLANDO, FL 32839

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent