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

---0000002939690---0... -07/23/99--01033--011 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Birth Guardians Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

**□**\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	BARRY BANDLER, E.A., P.A., Name (Printed or typed)			
•	•	SECR	م الل	SREET OF
	9963 Three Lakes Circle Address		L 23 A	
	Boca Katon, FL 33428 - 6207 City, State & Zip	FLORIDA	AM 10: 36	
	•	بسند		

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

OF

Birth Guardians Inc

ARTICLE I NAME

The name of the corporation shall be: Birth Guardians, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

17620 N.E. 8# Place North Miami Beach, FL 33/62-2119

# ARTICLE III CAPITAL STOCK

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

1000-Shares

# 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:	
Birth Guardians, Inc.	•
2. The name and address of the registered a	igent and
office is: Deborah Stein	<del></del>
17620 N.E. 8111 Place	
North Miami Beach, FL 33162	-2119
	99 17AL
Signature: X	99 JUL 23 SICRETARY TALLAHASSE
Title: Director	AM IO: 36 SEE FLORIDA
Date: 6 15 99	:36
	7

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 ROSETION AS REGISTERED AGENT.

Signature: X

Date: 6/15/99

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
Deborah Stein
17620 N.E. 8th Place
North Miami Beach, FL 33162-2119
ARTICLE V INCORPORATOR .
The name and street address of the incorporator to these
Articles of Incorporation is:
Deborah Stein
17620 N.E.8# Place
North Miami Beach, FL 33162-2119
•
The undersigned has executed these Articles of Incorporation
this 15th day of June 1999.
× W
Deborah Stein Incorporator