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

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MOTHERS HELPER, INC. (Proposed corporate name - must include suffix) **SUBJECT:**

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

570.00 Filing Fee	Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
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FROM: <u>Gwendolyn</u> A. Bryan Name (Printed or type) 2627 Breezewind Drive AUG 16 AM Orlando, FL 32839 City State & Zip 407-370-0476 or 407-240-3246 Daytime Telephone number

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

ARTICLES OF INCORPORATION of

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is Mothers Helper, Inc.

ARTICLE II - DURATION



This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in childcare and any other activities or business related to childcare permitted under the laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 7,500 shares of common stock, par value \$0.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS				
2627 Breezewind Drive		-		
CITY Orlando	FLORIDA	ZIP	32839	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of initial registered office and the name of the initial registered agent at the office is:

NAME Gwendolyn A.Bryan		s . <u>199</u> 20042	· · · ·	
ADDRESS 2627 Breezewind Dri	ve			
CITY Orlando	FLORIDA	ZIP	32839	

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have five (5) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

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Name Thomas J. Bryan, Jr.			
ADDRESS 2627 Breezewind Drive			-
CITY Orlando	STATE Florida	ZIP	32839
Name Rachel Bryan			
ADDRESS 2627 Breezewind Drive			
CITY Orlando	STATE Florida	ZIP	32839
Name Gwendolyn A. Bryan			
ADDRESS 2627 Breezewind Drive		-	
CITY Orlando	STATE Florida	ZIP	32839
Name Gelinda A. Richardson			
ADDRESS 637 Penneross Drive			
CITY Raleigh	STATE North Carolina	ZIP	27610
Name Thomas J. Bryan, III			
ADDRESS 12351 Kenton Court			
CITY Orlando	STATE Florida	ZIP	32837

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ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME Thomas J. Bryan Jr.		
ADDRESS 2627 Breezewir		
CITY Orlando		ZIP 32839
NAME Gwendolyn A. Bryan		
ADDRESS 2627 Breezewind		
CITY Orlando	STATE Florida	ZIP 32839

The undersigned incorporator(s) have executed these Articles of Incorporation this 12th day of August, 1999

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Mothers Helper, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 2627 Breezewind Drive, Orlando, FL 32839, has named Gwendolyn A. Bryan located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Swerdolp 9 (Signature)

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