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TRANSMITTAL LETTER

Department of State Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions		40000300 -10/01/99 *****78.)22244 01019006 75 *****78.75				
SUBJECT: CUDDLE BEAR CHILD CARE, 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 [X] Filing Fee	X] \$ 78.75 [] Filing Fee & Certificate	\$ 122.50 [] Filing Fee & Certified Copy	\$131.25 Filing Fee Certified Copy & Certificate	en e eller				
FROM:	KRISTIN MAJEWS Name (p	KI orint or type)						
	F 1999 OCT SECRETI TALLAHA							
	WINTER PARK, FI City, S		ILED -1 AM ARY OF S					
	407-492-5980 Daytime Tel	lephone number	· · · · · ·	II: 25 STATE ORIDA				
NOTE: PLEASE F	ROVIDE THE ORIGI	NAL AND ONE COP	Y OF THE ARTICL	ES				

Kristin Majewski & ... AUTHORIZATION BY PHUNE ...

DOC. EXAM QTA

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1999 OCT -1 AM II: 25

ARTICLES OF INCORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

CUDDLE BEAR CHILD CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1500 S CONWAY ROAD ORLANDO, FL 32812-1915

ARTICLE III SHARES

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

6000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RUDRANAUTH THACKURDEEN
1500 S CONWAY ROAD
ORLANDO, FL 32812-1915

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RUDRANAUTH THACKURDEEN 1500 S CONWAY ROAD ORLANDO, FL 32812-1915

The undersigned inc	corporator(s) has	(nave) execute	d mese Aruc	cies of inco	orporation in	is .
24	day of	AUGUS	T , 19_	99.		
1.76	halm	Signature	8-24	- 9 9		
		Signature				· · · · · · · · · · · · · · · · · · ·
		Signature				·

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

- 1. The name of the corporation is: <u>CUDDLE BEAR CHILD CARE, INC.</u>
- 2. The name and address of the registered agent and office is:

RUDRANAUTH THACKURDEEN (Name)

1500 S CONWAY ROAD
(P.O. Box not acceptable)

ORLANDO, FL 32812-1915 (City, State, Zip)

Having been named as registered agent and to accept service of process fort he above stated corporation at the place designed 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)

8-24-99