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TRANSMITTAL LETTER

P99000102221

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

300003049783--5 -11/19/99--01069--004 *****87,50 *****87,50

SUBJECT: Mrights Community tamily Day Care
(Proposed corporate name - must include suffix)

TOCO

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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Charron P. Wright
Name (Printed or typed)

6350 Foster Street

Jupiter Fla 33418
City, State & Zip

561-743-1487 or 881-8616

Informed client by letter
added Suffix to AET. I, Added
RA name to AET. II and Holded
RA name to AET. II and Holded
Incorporators name & address to AET. I

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: Wright's Community Family Day Care Inc	•
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1456 West 37th Street Riviera Beach Fla 33404 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Charron 6. Wright 6350 Foster Street Jupiter Fla 33 418	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Charron P. Wright 6350 Foster Street Jupiter, FL 33418 Signature/Incorporator Date	

(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

Date