

**N20000000234**

The Learning Connection, Inc.  
Requester's Name

1364 S.W. 181 ave  
Address

Pemproke Pines FL 33029  
City/State/Zip / Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT # **800003096888--9**  
-01/12/00--01018--016  
\*\*\*\*145.00 \*\*\*\*\*93.75

1. \_\_\_\_\_  
(Corporation Name)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **500003066095--0**  
-12/10/99--01007--002  
\*\*\*\*130.00 \*\*\*\*130.00

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

*we will also like to use the Name: Latinos United In Action Center, Inc*

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00 JAN 12 PM 4:55  
TALLAHASSEE, FLORIDA  
State of Florida  
Secretary of State  
i ed Copy  
icate of Status  
Director

- Limited Liability
- Domestication
- Other

- Change of Registered
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

*W99-28423*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 4, 2000

JUANA AMADA VARGAS  
C/O THE LEARNING CONNECTION, INC.  
1364 S W 181 AVE  
PEMBROKE PINES, FL 33029

SUBJECT: THE LEARNING CONNECTION, INC.  
Ref. Number: W99000028423

Memo #: 02026-A

This letter is to inform you that your check number 666 for \$130.00, which was dated December 5, 1999 and submitted for THE LEARNING CONNECTION, INC. has been returned to us by your bank because of Nonsufficient Funds.

We are notifying you because our records indicate that the paperwork for THE LEARNING CONNECTION, INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$145.00. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation  
Attn: TBurch  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 487-6900.

Melinda Lilliston  
Administrative Assistant  
Bureau of Commercial Recording



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 14, 1999

JUANA AMADA VARGAS  
C/O THE LEARNING CONNECTION, INC.  
1364 S W 181 AVE  
PEMBROKE PINES, FL 33029

SUBJECT: THE LEARNING CONNECTION, INC.  
Ref. Number: W99000028423

We have received your document for THE LEARNING CONNECTION, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 099A00058559

**ARTICLES OF INCORPORATION**

**FOR**  
*Latinos United in Action Center, Inc*

NON-PROFIT ORGANIZATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

*Latinos United in Action Center, Inc.*

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

80 S. SHORE DRIVE, APARTMENT #509  
MIAMI BEACH, FLORIDA, 33141

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is (are):

EDUCATIONAL TRAINING AND COMMUNITY SERVICES

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09 JAN 12 PM 4:55  
TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is as follows:

IN GENERAL ELECTION BY ALL THE MEMBERS

**ARTICLE V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

THIS NON-PROFIT ORGANIZATION IS ONLY LIMITED TO EDUCATIONAL TRAINING AND COMMUNITY SERVICES.

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

JUANA AMADA VARGAS  
1364 S W. 181 AVE- PEMBROKE PINES, FLORIDA, 33029

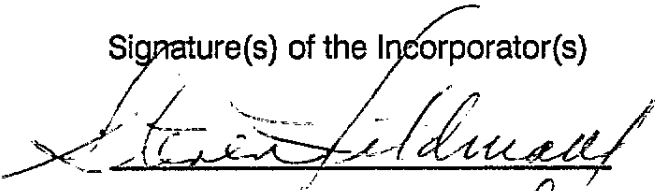
**ARTICLE VII INCORPORATORS**

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

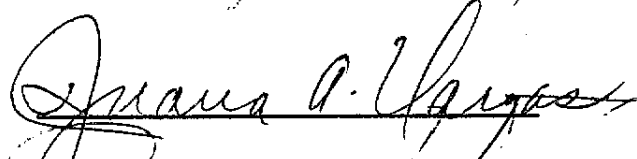
STEVEN FELDMAN= PRESIDENT= 80 S. SHORE DRIVE #509  
MIAMI BEACH, FLORIDA, 33141  
JUANA AMADA VARGAS= TREASURY= 1364 S. W. 181 AVE-  
PEMBROKE PINES, FLORIDA, 33029  
ZUNILDA VARGAS= SECRETARY= 80 S. SHORE DRIVE #8-MIAMI BEACH, FLORIDA, 33141

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11 day of NOVEMBER, 19 99.

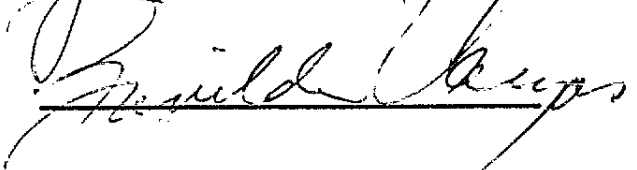
Signature(s) of the Incorporator(s)



STEVEN FELDMAN  
\_\_\_\_\_  
Typed name of incorporator signing



JUANA AMADA VARGAS  
\_\_\_\_\_  
Typed name of incorporator signing



ZUNILDA VARGAS  
\_\_\_\_\_  
Typed name of incorporator signing

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

*Latinos United in Action Center Inc*

1. The name of the corporation is: \_\_\_\_\_  
\_\_\_\_\_

2. The name and address of the registered agent and office is:

JUANA AMADA VARGAS

\_\_\_\_\_  
(NAME)

1364 S. W. 181 AVE-PEMBROKE PINES, FLORIDA, 33029

\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

PEMBROKE PINES, FLORIDA, 33029

\_\_\_\_\_  
(CITY/STATE/ZIP)

00 JAN 12 11 4: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

*Juana Vargas*

DATE NOVEMBER 11-1999