

P030000 85635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

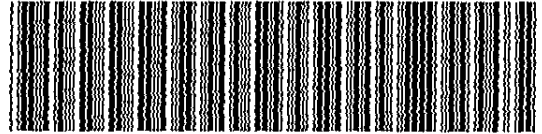
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900021901729

08/01/03--01052--003 *\$87.50

FILED
03 AUG -1 21 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

4-8-6

TRANSMITTAL LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG - 1 AM 10:40

FILED

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

SUBJECT: THE CRAYON BOX, 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
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Paule Lascaze
Name (Printed or typed)

1721 NW 109th Ave
Address

Pembroke Pines, Fl 33026
City, State & Zip

(954) 559-7357
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with chapter 607 and chapter 621, F.S. (Profit)

Of

THE CRAYON BOX, INC.

FILED
03 AUG -1 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I.

Name

The name of the Corporation shall be:

THE CRAYON BOX, INC.

Article II Principal Place Of Business

The principal place of business and mailing address of this corporation is:

1721 NW 109th Ave

Pembroke Pines, Florida 33026

Article III.

Purpose

THE CRAYON BOX, INC. was founded in the belief that the individual needs and potential of young children, of career parents could be fulfilled in a rich and supportive full day program. The children are given the freedom to explore and the discipline necessary to learn in a planned setting. We offer learning experiences developed from the environment-using peer, adult and group interaction, assorted materials, music, art, play, cooking, and other planned activities under the supervision of a professional staff. The program provides a happy place where mutual trust among children and adults enables each individual to develop his / her interest and rights of others. We seek to build a mutual bond of trust with our parents by supporting them in their parental endeavors, providing opportunities for them to share ideas, information and observations with the Director and the Staff.

ARTICLE IV.

Capitol Stock

The aggregate number of shares, which the corporation shall have the authority to issue, is \$ 10,000,000.00, all of which shall be common shares with a par value of \$ 1.00 per share.

Article V.

Directors

This Corporation shall have one Executive Director initially and two respective Directors. The number of directors may be increased or diminished from time to time by appointing or holding annual elections according to the By-laws of the Corporation.

The name and mailing address of the initial director who shall hold office until successors are elected and have qualified are as follows:

Paule Lascaze, Executive Director

1721 NW 109th Ave

Pembroke Pines, Fl 33026

Article VI.

Officers

The name(s), address(es) and title(s)

NAME

STREET ADDRESS

Mrs. Paule Lascaze

1721 NW 109th Ave Pembroke Pines, Fl 33026

Executive Director

Mrs. Line Phaeton

1721 NW 109th Ave Terrace, Miramar, Fl 33025

Director

Mr. Pierre Richard Lascaze

1721 NW 109th Ave, Pembroke Pines, Fl 33026

Deputy Director

Article VII.

Registered Agent And Registered Office

The Corporation's Registered Agent for services in the State of Florida shall be:

Paule Lascaze, Executive Director

The address of the registered Office of this Corporation shall be:

Principal Paule Lascaze, Executive Director

Address 1721 NW 109th Ave

City/State/Zip Pembroke Pines, Fl 33026

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG - 1 AM 10:40

FILED

ARTICLE VIII.

INCORPORATOR

The name and address of the Incorporator is:

Pierre- Richard Lascaze

1721 NW 109th Ave

Pembroke Pines, Fl 33026

Having been named Registered Agent and accept service of process for the above stated Corporation at the designated in this certificate, I hereby 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.

Paule Lascaze

7 / 18 / 03

Signature/ Registered Agent

Date

Pierre Richard Lascaze
Signature/ Incorporator

7 / 18 / 03

Date