P10000008708

(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

000166978230

01/28/10--01026--028 **1370.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN 28 AM 11:02

B McKnight JAN 29 2010

COVER LETTER

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

SUBJECT: LOVECHILD Development and Transition Partners Corp.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: Daphne Bromfield
Name (Printed or typed)

715 sw 148th ave ~~#613~~ suite, 613 DB
Address

Davie, Florida 33325
City, State & Zip

954-670-3422
Daytime Telephone number

dmarie10@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LOVECHILD Development and Transition Partners, corp.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

715 SW 148th AVE, Suite 613, Davie, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Education sector specialty areas are: Learning disabilities, secondary education, ADD, ADHD, Autism spectrum and support group facilitation.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Daphne Bromfield, President, CEO

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Daphne Bromfield
715 SW 148th Ave, Suite 613
Davie, FL 33325

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Daphne Bromfield
715 SW 148th Ave, Suite 613
Davie, FL 33325

FILED
10 JAN 28 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Daphne Bromfield — Signature/Registered Agent — 1/19/10 — Date

Daphne Bromfield — Signature/Incorporator — 1/19/10 — Date