

P10000008708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

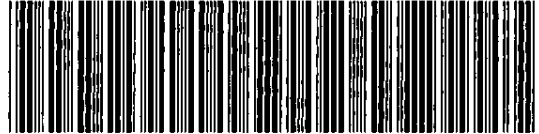
(Business Entity Name)

(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 <sup>suite, 613</sup> #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

**ARTICLE II PRINCIPAL OFFICE**

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

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

Partners,  
corp.

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

\*\*\*\*\*

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  
Daphne Bromfield  
Signature/Incorporator

1/19/10  
Date  
1/19/10  
Date