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(Re	equestor's Name)			
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	ısiness Entity Nar	me)		
(Do	ocument Number)			
. Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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W14-19529

APR - 7 2014

COVER LETTER

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

THE PRINCE SO _{subject:} Desylu Daycare (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee	□ \$78.75 Filing Fee.	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
•		ADDITIONAL COPY REQUIRED	

ŊΜ.	Barbara C Perez		
JIVI	Name (Printed or typed)		
	8200 SW 93 St		
	Address		
	Miami, FL 33156		
	City, State & Zip		
	305-318-6226		
	Daytime Telephone number		
	mikeperez100@hotmail.com		
	E-mail address: (to be used for future annual report notification)		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

14 APR -7 PH 2: 116

March 27, 2014

BARBARA C PEREZ 8200 SW 93 ST MIAMI, FL 33156

SUBJECT: DESYLU DAYCARE Ref. Number: W14000019529

We have received your document for DESYLU DAYCARE and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The specific nature of business of the corporation must be stated in the document.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6052.

Joey Bryan Regulatory Specialist II Supervisor

Letter Number: 014A00006562

www.sunbiz.org

D O DOY 2007 M 11 1

731 1

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

ARTICLE II PR	INCIPAL OFFICE Principal street address	Mailing address, if different is:
3200 SW 93	· 	
Miami, FL·33	156	32
The purpose for which	repose the corporation is organized is: +0 CCIYE - Facility	open and operate
	IARES of stock is:	
he number of shares	of stock is:	DPS
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Name and Tit Address Name and Tit Address	TTIAL OFFICERS AND/OR DIRECTO tle: Barbara C Perez / Presider 8200 SW 93 ST Miami, FL 33156	Name and Title: Address: Name and Title: Address:

Name and	d Title:	Name and Title:	
Address		Address:	
			The Part of the Pa
ARTICLE VI	REGISTERED AGENT		Sold Sold Sold Sold Sold Sold Sold Sold
	orida street address (P.O. Box NOT accepta	able) of the registered agent is	:
Name:	Barbara C. Perez		
Address:	8200 SW 93 ST		
	Miami, FL 33156		
ARTICLE VII The name and ad	INCORPORATOR Idress of the Incorporator is:		
Name:	Barbara C Perez		
Address:	8200 SW 93 St		
	Miami, FL 33156		
	ned as registered agent to accept service of p am familiar with and accept the appointmen		
Hom	le C Pan		03/20/2014
	Required Signature/Registered Age	nt	Date
	ument and affirm that the facts stated here Department of State constitutes a third degre		
Bou	le Per		03/20/2014
	Required Signature/Incorporator		Date