

P190000036266<sup>1</sup>

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY - 1 AM 11:55

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

Alpha Beta Childrens Academy, Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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MAY 01 2019

2019 MAY - 1 PM 1:02

**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: Alpha Beta Children's Academy, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2474N, State Road 7

2474N, State Road 7

Margate, FL 33063

Margate, FL 33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Early Childhood Learning Center & Elementary School

**ARTICLE IV SHARES**

The number of shares of stock is: 200 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tiffany Romero - Director

Name and Title: \_\_\_\_\_

Address 9844 NW 19th Street

Address: \_\_\_\_\_

Coral Springs, FL 33071

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Tiffany Romero

Address: 9844 NW 19th Street

Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tiffany Romero

Address: 9844 NW 19th Street

Coral Springs, FL 33071


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

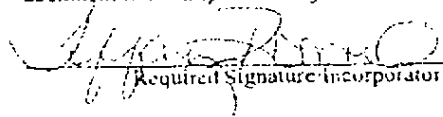
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_ 05/01/2019

Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 \_\_\_\_\_ 05/01/2019

Required Signature/Incorporator Date