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(Requestor's Name)	
(Address) (Address)	. 100
(City/State/Zip/Phone #)	03
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	MRA

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11707-44336

COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: A KILLS ACC CANTER OF CORPORATIONS	and Academy and Childre, Increasing must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this m	atter to the following:	
Millirent W	hite	
A Kids Place Learning	Academy and Childrare, Inc	
2117 Pinehurst Was	(Company)	
LIT T (VCP/U/S) VVU(A		
Coral Springs P	33071	
(City/State and Zip code)		
For further information concerning this matter, please call:		
Millicent White at 888, 325-5288		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	
	2	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2007

MILLICENT WHITE A KID'S PLACE LEARNING ACADEMY AND CHILD 2117 PINEHURST WAY CORAL SPRINGS, FL 33071

SUBJECT: A KID'S PLACE LEARNING ACADEMY AND CHILDCARE, INC.

Ref. Number: W07000044336

We have received your document for A KID'S PLACE LEARNING ACADEMY AND CHILDCARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6879.

Letter Number: 307A00053343

Ruby Dunlap Regulatory Specialist New Filing Section

PLEASE NOTE: You have included an alternate name in your document that is

not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA		
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."		
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
2. CA 3		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. Itugus 3,05 5. tempetua		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6.		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty-liability)		
7 2117 Pinehurst Way, Coral Springs 1 33071		
(Principal office address)		
(Current mailing address)		
8. Childcare		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
Name: Whili(en+Ntite)		
Office Address: ZII7 Pinehurst Way		
[May 600 10 1 23/7] Fig 2		
$\frac{\text{(City)}}{\text{(City)}}, \text{Florida} \frac{7707}{\text{(Zip code)}}$		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation at the place		
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,		
and I am familiar with and accept the obligations of my position as registered agent.		
Gillicent White, Millicent White		
(Registered agent's signature)		
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to		
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.		

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Address: Vice Chairman: Address: Director: Address: _ Director: Address: **B. OFFICERS** President: Address: _ Vice President: Address: _ Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. ____ (Signature of Director on Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Control No. 0553741

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

A KID'S PLACE LEARNING ACADEMY AND CHILDCARE, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 08/05/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 10th day of September, 2007

Karen C Handel Secretary of State

Haun C. Handel

Certification Number: 1628631-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp