

M14000005931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

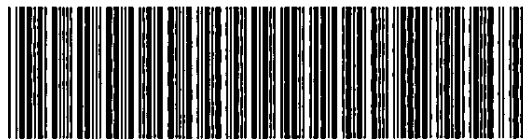
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/28/14--01053--016 **70.00

08/15/14--01006--007 **55.00

FILED
2014 AUG 15 PM 3:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2014

RACHEL KIWAHA
3649 CAPE CENTER DRIVE
FAYETTEVILLE, NC 28304

SUBJECT: LITTLE MIRACLES CHILD DEVELOPMENT SERVICES LLC,
Ref. Number: W14000047979

We have received your document for LITTLE MIRACLES CHILD DEVELOPMENT SERVICES LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$55.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 214A00016821

Little Miracles Child Development Services

3649 Cape Center Drive, Fayetteville, NC 28304

Good Afternoon,

8/11/14

A previous application was sent in however I was informed that we submitted the incorrect form and payment amount. A check was sent and cleared for \$70.00 and I was told to send in the correct application with the remainder of the fee. If you have any questions please contact me at (910) 910-484-1711 or rachelkiwaha@littlemiraclescds.com.

Rachel Kiwaha



Administrative Director

Little Miracles Child Development Services

2014 AUG 15 PM 3:11
RECEIVED
LITTLE MIRACLES CHILD DEVELOPMENT SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Little Miracles Child Development Services

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Rachel Kiwaha

Name of Person

Little Miracles Child Development Services

Firm/Company

3649 Cape Center Drive

Address

Fayetteville, NC 28304

City/State and Zip Code

rachelkiwaha@littlemiraclescds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Kiwaha

at (**910**) **484-1711**

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Little Miracles Child Development Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LMCDS

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Cumberland County NC

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4436 Raptor Circle

Tyndall, AFB 32403

(Street Address of Principal Office)

6. 3649 Cape Center Drive

Fayetteville, NC 28304

(Mailing Address)

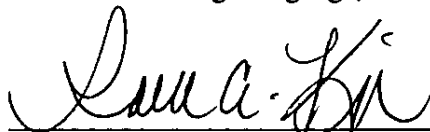
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert Diosdado Owner

Rachel Kiwaha Admin Director

3649 Cape Center Drive, Fayetteville NC 28304

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Rachel Kiwaha

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Little Miracles Child Development Services

If unavailable, the alternate to be used in the state of Florida is:

LMCDS

2. The name and the Florida street address of the registered agent and office are:

Amy McGuire

(Name)

4436 Raptor Circle

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tyndall AFB

FL 32403

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

2014 AUG 15 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

LITTLE MIRACLES CHILD DEVELOPMENT SERVICES LLC

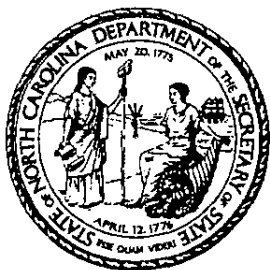
is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 22nd day of November, 2010, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 9th day of July, 2014.

Elaine F. Marshall

Secretary of State



Scan to verify online.