SECKETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Latinamerican Family Home Child Care Providers & Centers Association, Inc.

(Proposed corporate name – must include suffix)

S70.00 Filing Fee	∑ \$78.75 Filing Fee	S78.75 S87.50 Filing Fee Filing Fee, &Certificate Copy Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED
	FROM: Jeannille Warre	80000323 -05/07/0 ******78.
		fame (Printed or typed)
	429 Fourth Ave	enue, Suite 1700
		Address
	Pittsburgh, PA	15219
	_	City, State & Zip
		City, State & Zip
	412-261-1135	Cuy, State & Zip

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

Articles Of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Not for Profits Corporation Act, hereby adopts the following Articles of Incorporation.

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- Article I. The name of the corporation is:

 Latinamerican Family Home Child Care Providers & Centers Association, Inc.
- **Article II.** The principal place of business and mailing address of the incorporation: 5620 Sailfish Drive, Lutz, FL 33549-5999
- Article III. The specific purpose(s) for which the corporation is organized is(are):

 Our association hopes to promote professionalism and work on education for the
 Child care providers, centers caregivers, and parents. Our goal is to create a
 nurturing, safe and quality environment for children in the care of the providers
 with our association.
- **Article IV.** The manner in which the directors are elected or appointed is: By vote of the Executive Board.
- Article V. The name and Florida street address of the initial registered agent are: Luz N. Folsom, 5620 Sailfish Drive, Lutz, FL 33549-5999
- Article VI. The <u>name and address</u> of the incorporator to these Articles of Incorporation are: Jeannille Warren, simplybizness.com
 429 Fourth Avenue, Suite 1700, Pittsburgh, PA 15219

Janutul Marcon (1) Signature/Incorporator (1) Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service for the above stated corporation 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.

Signature/Registered Agent

Date