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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
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Childrens Wonderland of  
Sunrise

Signature

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2007

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

SUBJECT: CHILDREN'S WONDERLAND OF SUNRISE, INC  
Ref. Number: P07000048137

We have received your document for CHILDREN'S WONDERLAND OF SUNRISE, INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 307A00042023

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TALLAHASSEE, FLORIDA

# **ARTICLES OF INCORPORATION**

## **OF**

## **KEY WEST HERITAGE PRESS, INC.**

The undersigned, for the purpose of forming a not for profit corporation under Chapter 617, Florida Statutes, does hereby adopt the following Articles of Incorporation:

### **ARTICLE I: NAME**

The name of the corporation is **KEY WEST HERITAGE PRESS, INC.**

### **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **512 William St., Key West, FL 33040**

### **ARTICLE III: PURPOSE**

The sole purpose of this non profit corporation is as a local publishing house and its goal is to preserve for future generations works concerning Florida history that are not commercially viable.

### **ARTICLE IV: QUALIFICATION**

The qualifications for members and the manner of their admission are stated in the bylaws of the corporation.

## **ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT**

The initial registered office and agent of the corporation is **Sharon Wells, 512 William St., Key West, FL 33040**

## **ARTICLE VI: INITIAL BOARD OF DIRECTORS/OFFICERS**

The manner in which the directors are elected is stated in the corporate bylaws. The name and address of each person who is to serve as a member of the initial Board of Directors/Officers of the corporation are:

**Sharon Wells, Director, 512 William St., Key West, FL 33040**

**Susan Mesker, Director, 512 William St., Key West, FL 33040**

**Liz Kern, Director, 1607 Johnson St., Key West, FL 33040**

## **ARTICLE VII: NON-STOCK BASIS**

The corporation is organized under a non-stock basis.

## **ARTICLE VIII: DISSOLUTION**

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt organizations described in sections 501(c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

## **ARTICLE IX: AMENDMENTS**

The corporation reserves the right to amend or repeal any provisions of these Articles of Incorporation, or any amendment(s) thereto.

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## **ARTICLE X: CORPORATE POWERS**


The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

## **ARTICLE XI: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 East Virginia Street, Suite 1, Tallahassee, Florida 32301.

The undersigned incorporator has executed these Articles of Incorporation this 11<sup>th</sup> day of July 2007.

“Your Capital Connection, Inc. by Weimar Lopez, Client Representative”



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2007 JUL 11 P 1:00  
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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: KEY WEST HERITAGE  
PRESS, INC.

2. The name and street address of the registered agent and office is: \_\_\_\_\_  
SHARON WELLS  
512 WILLIAM ST.  
KEY WEST, FL 33040

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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]*  
x  
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