

N12000002190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

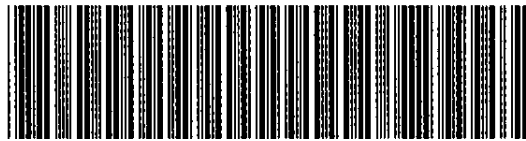
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*MPD
2/28/12*

COVER LETTER

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

SUBJECT: Tiny Tykes Nonprofit Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Eva Miranda
Name (Printed or typed)

18 NE 6th Street
Address

Homestead, Florida 33030
City, State & Zip

305-242-8100
18 NE 6th Street Telephone number

tinytykes@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Tiny Tykes Nonprofit Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
18 NE 6th Street
Homestead, FL 33030

Mailing address, if different is:
29295 SW 187 Court
Homestead, Florida 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We are interested in working with Miami Dade County in opening a Head Start program to provide child care to children ages 0 to 5. We will strive to provide the best care and education in a safe, loving, environment.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors are appointed through the consideration of their qualifications, which must include a Directors Credential in Florida Child Care and Education Programs. Directors must also be knowledgeable, experienced, and have shown leadership skills and a drive for excellence in their field of certification.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eva Barbabra Miranda/ President
Address: 29295 SW 187th Court
Homestead, Florida. 33030

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Eva Barbara Miranda
Address: 29295 SW 187th Court
Homestead, Florida. 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eva Barbara Miranda
Address: 29295 SW 187th Court
Homestead, Florida. 33030

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

[Signature of Registered Agent]

02/22/2012
Date

I submit this document and affirm 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.

[Signature of Incorporator]

02/22/2012
Date