

N12000005997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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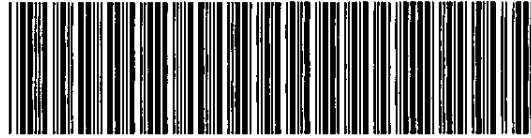
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 15 PM 1:02

PS 6/15/12

## COVER LETTER

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

**SUBJECT:** The Ladybug Learning Academy, Inc.  
(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:** Natalie R. Bonifazio  
Name (Printed or typed)

2623 Rodman Street  
Address

Hollywood, FL 33020  
City, State & Zip

305-491-2868  
2623 Rodman Street Phone number

natalie0508@hotmail.com  
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)

## ARTICLE I NAME

The Ladybug Learning Academy, Inc.

The name of the corporation shall be:

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DIVISION OF CORPORATIONS

## ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2623 Rodman Street  
Hollywood, FL 33020

12 JUN 15 PM 1:02  
Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide an environmentally conscious childcare option for children with special needs who may not be able to attend traditional childcare facilities. In the event of dissolution, all assets remaining after the payments of liabilities shall be distributed exclusively to exempt pediatric organizations or for exempt purposes under section 501(C)(3) of the Internal Revenue Code.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Based on academic and professional expertise in the areas of education, pediatrics and/or business development along with belief in the organization's mission, vision and commitment to growth.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natalie R. Bonifazio

Address: 2623 Rodman Street  
Hollywood, FL 33020

Name and Title:

Address:

Name and Title: Audrey Rodriguez

Address: 2623 Rodman Street  
Hollywood, FL 33020

Name and Title:

Address:

Name and Title: Doreen Sinclair-Clarke

Address: 2337 SW Persimmons Lane  
Dunellon, FL 34431

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: Audrey Rodriguez

Address: 2623 Rodman Street  
Hollywood, FL 33020

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Natalie R. Bonifazio

Address: 2623 Rodman Street  
Hollywood, FL 33020

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



Required Signature of Registered Agent

6-12-12

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.



Required Signature of Incorporator

6/12/12

Date