

N130000004048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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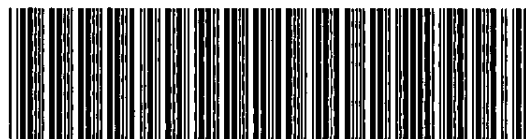
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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MD 4/30

## COVER LETTER

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

SUBJECT: Little Heroes Enrichment Center, 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: Daisy Acosta  
Name (Printed or typed)

9320 NW 41 Street  
Address

Doral, FL 33178  
City, State & Zip

305-629-2902  
Daytime Telephone number

info@littleheroeslearning.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 name of the corporation shall be: Little Heroes Enrichment Center, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
9320 NW 41 Street

Doral, FL 33178

Mailing address, if different is \_\_\_\_\_

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: The organization is being established as an educational facility for children with special needs.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Daisy Acosta, President

Address: 14977 SW 36 Terr.  
Miami, FL 33185

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Celia Maria Esquivile

Address: 7073 NW 91 Ave.  
Tamarac, FL 33321

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Daisy Acosta

Address: 14977 SW 36 Terr.

Miami, FL 33185

**ARTICLE VII INCORPORATOR**

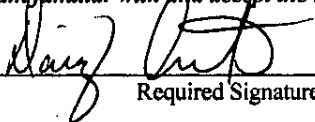
The name and address of the Incorporator is:

Name: Daisy Acosta

Address: 14977 SW 36 Terr.

Doral, FL 33185

*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*

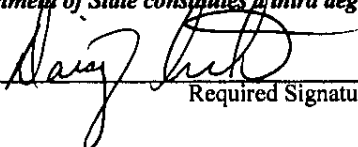


Required Signature of Registered Agent

4/19/13

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

4/19/13

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 26 AM 9:01

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