

N13000007317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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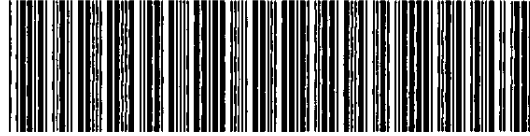
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
8/15/13

COVER LETTER

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

SUBJECT: **LITTLE CHEF LITTLE HANDS 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: **LETICIA CANDIA**
Name (Printed or typed)

230 PHOENETIA AV #3

Address

CORAL GABLES FLORIDA 33139

City, State & Zip

7862622835

Daytime Telephone number

lcandia72@gmail.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 CHEF LITTLE HANDS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
230 PHOENETIA AV #3

CORAL GABLES

FLORIDA 33134

Mailing address, if different is:

SAME

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CULINARY EDUCATION, ARTS AND HEALTH

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: LETICIA CANDIA Director

Address: 230 Phoenetia Av.#3

CORAL GABLES

FLORIDA 33134

Name and Title: RONALDY NAVARRO Art Director

Address: 230 Phoenetia Av.#3

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Name and Title: ASHLEY MONTANO Program Director

Address: 285 ARAGON AV

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FLORIDA 33134

Name and Title: PATRICIA MARTINEZ Social Media Director

Address: 810 SALZEDO ST #12

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FLORIDA 33134

Name and Title: LILIANA CANDIA Secretary

Address: 1565 LENOX AV.#10

MIAMI BEACH

FLORIDA 33139

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LETICIA CANDIA

Address: 230 PHOENETIA AV.#3

CORAL GABLES FL 33134

ARTICLE VII INCORPORATOR

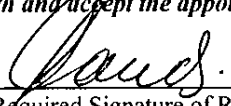
The name and address of the Incorporator is:

Name: LETICIA CANDIA

Address: 230 PHOENETIA AV.#3

CORAL GABLES FL 33134

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

08-07-2013
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

08-07-2013
Date