

N95000001746

BARBARA WOODBURN

(Requestor's Name)

5966 N.W. 15th CT.

(Address)

SUNRISE, FL 33313

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600001451846
04/10/95--01007--004
****122.00 ****122.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LIL LAMB FAMILY DAY CARE CENTER INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

LIL LAMB FAMILY DAY CARE CENTER INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: LIL LAMB FAMILY DAY CARE CENTER INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

1401 N. State Rd. 7
North Lauderdale, FL 33068

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

TO PROVIDE QUALITY DAY CARE SERVICES AND EDUCATION FOR LOW INCOME AND SKILLED FAMILIES WHILE SEEKING TO BE MORE GAINFULLY EMPLOYED OR ATTEMPTING TO ENHANCE PRESENT SKILLS.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

DIRECTORS ARE APPOINTED BY OFFICERS OF THE CORPORATION.

FILED
CLERK OF DISTRICT COURT
JAN 10 1980
JAN 10 7 AM 10:03

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

BARBARA J. WOODBURN
5966 N.W. 15th Court
Sunrise, FL 33313

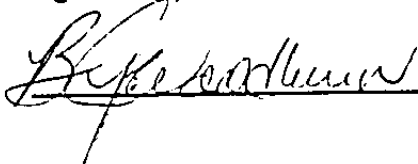
ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

- | | |
|---|---|
| 1) Barbara J. Woodburn
5966 NW 15th Ct.
Sunrise, FL 33313 | 3) Corey Montgomery
2146 NW 55th Way
Lauderhill, FL 33313 |
| 2) Freda Montgomery
2146 NW 55th Way
Lauderhill, FL 33313 | |

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
5th day of April, 19 95.

Signature(s) of the Incorporator(s)



BARBARA J. WOODBURN

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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: LIL LAMB FAMY DAY CARE CENTER INC.

2. The name and address of the registered agent and office is:

BARBARA J. WOODBURN

(NAME)

5966 NW 15th Ct.

(P.O. BOX NOT ACCEPTABLE)

Sunrise, FL 33313

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 *Barbara J. Woodburn*

DATE 4/15/95

55 APR - 11 9:53
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA