

OFFICE USE ONLY

EXPRESS CORPORATE FILING SERVICE, INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 112

(Address)

CORAL GABLES, FL 33134 (305)444-4994

(City, State, Zip)

(Phone #)

500003137415--5

-02/16/00--01064--005

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. Kids Learning Center of Miami, 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

FILED  
DOFEB 14 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" 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**

**ARTICLE I, NAME**

The name of this corporation is **Kids Learning Center of Miami, Inc.**

**ARTICLE II, NATURE OF BUSINESS**

**Kids Learning Center of Miami, Inc.** is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III, TERM OF EXISTENCE**

The duration of **Kids Learning Center of Miami, Inc.** is perpetual.

**ARTICLE IV, CAPITAL STOCK**

**Kids Learning Center of Miami, Inc.** is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V, ADDRESS**

The principle address of **Kids Learning Center of Miami, Inc.** is:

1191 SW 142nd PL  
Miami, FL 33184

and the name of the initial registered agent of this corporation at this address is  
**Ileana N. Peruse.**

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TALLAHASSEE, FLORIDA

**ARTICLE VI. INITIAL DIRECTORS**

**Kids Learning Center of Miami, Inc.** shall have One (1) director, and the number of directors may be changes as provided in the bylaws, but shall never be less than one. The name and address of the initial director is:

Ileana N. Perez  
1191 SW 142nd Pl  
Miami, Fl 33184

President  
Director

**ARTICLE VII. INCORPORATOR**

The name and address of the incorporator of this corporation is:

Ileana N. Perez  
1191 SW 142nd Pl  
Miami, FL 33184

IN WITNESS WHEREOF ,the undersigned has executed these Articles of Incorporation this 8th. day of February, 2000.

STATE OF FLORIDA )

COUNTY OF DADE )

  
\_\_\_\_\_  
Ileana N. Perez  
Incorporator

Before me, a notary public authorized take acknowledgments in the state and county seats above, personally appeared Ileana N. Perez, known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 8th day of February of 2000.

  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My Commission Expires:

NOTARY PUBLIC - STATE OF FLORIDA  
ANTONIO GARCIA  
COMMISSION # CC796205  
EXPIRES 1/9/2003  
BONDED THRU ASA 1-888-NOTARY1

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

Pursuant to the provisions of section 607.0501, 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: **Kids Learning Center of Miami, Inc.**

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

**Ileana N. Perez**

**1191 SW 142nd Pl**

**Miami Shores, Fl 33138**

SIGNATURE 

TITLE **President**

DATE **February 8, 2000**

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 

DATE **February 8, 2000**

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