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TRANSMITTAL LETTER

00 MAY -3 PM 2:10

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: CLAP YOUR HANDS LEARNING CENTER INC
(Proposed corporate name - must include suffix)

500003237425--3
-05/03/00--01094--001
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DIEGO N. ALVAREZ
Name (Printed or typed)

980 NW 135th Street
Address

NORTH MIAMI-FL 33168
City, State & Zip

(305) 685-3623
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

B. BROWN MAY - 5 2000

ARTICLES OF INCORPORATION

OF

CLAP YOUR HANDS LEARNING CENTER INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CLAP YOUR HANDS LEARNING CENTER INC.

The principal place of business of this corporation shall be: 981 E. 45TH STREET
HIALEAH, FLORIDA 33013

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

DAY CARE, PRE - SCHOOL LEARNING CENTER

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

ONE DOLLAR PAR VALUE
100 SHARES TOTAL VALUE \$100.00 US DOLLARS.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

GENOVEVA HERNANDEZ, PDTE

981 E. 45TH STREET
HIALEAH, FL 33013

ONELIO HERNANDEZ VICE PDTE

981 E 45TH STREET
HIALEAH, FL 33013

CRISTINA HERNANDEZ, SECRETARY

981 E 45TH STREET
HIALEAH, FL 33013

ONEIL HERNANDEZ, TREASURE

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

GENOVEVA HERNANDEZ

981 E. 45TH STREET
HIALEAH, FL 33013

OMELLO HERNANDEZ

981 E 45TH STREET
HIALEAH, FLORIDA 33013

CRISTINA HERNANDEZ

981 E 45TH STREET
HIALEAH, FL 33013

ONELL HERNANDEZ

981 E 45TH STREET
HIALEAH, FL 33013

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30 day of APRIL, 2000

Signature(s) of Incorporator(s)

* Genoveva Hernandez
* Onelio Hernandez
[Signature]
Onelio Hernandez

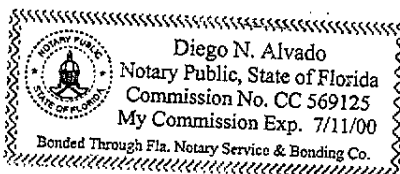
STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 30th day of APRIL, 2000, by GENOVEVA HERNANDEZ, PDTE
(Name of incorporator)
of CLAP YOUR HANDS LEARNING CENTER INC.
(Name of Corporation)

Notary Public

Diego N. Alvado

My Commission Expires: _____



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

00 MAY -3 PM 2:10

Pursuant to the provisions of Section 607.325, 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: CLAP YOUR HANDS LEARNING CENTER INC

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

GENOVEVA HERNANDEZ

981 EAST 45TH STREET

(P. O. BOX NOT ACCEPTABLE)

HAIALEAH, FLORIDA 33013

(CITY/STATE/ZIP)

SIGNATURE

X Genoveva Hernandez
(Corporate Officer)

TITLE

PRESIDENT

DATE

4/30/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

X Genoveva Hernandez
(Registered Agent)

DATE

4/30/00