# PADDOOD 76435 MONTESSORI (HILDRENS WORLD, 1349 S.E. 18TH PLACE OCALA, FLORIDA 34471 Phone # EDDOOD 348558-4

Office Use Only

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

1.		
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	4.0 9
3(Corporation Name)	(Document #)	FILED FILED
(Corporation Name)  Walk in Pick up time	(Document #)	Certified Copy
☐ Mail out ☐ Will wait		Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Offi Change of Registered Ag Dissolution/Withdrawal Merger	icer/Director ent
OTHER FILINGS  Annual Report □ Fictitious Name	REGISTRATION/QUALIF	<u>ICATION</u>
	Exa	miner's Initials

CR2E031(7/97)

#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of	the corporation s	shall be: Chilorens	WORLD,	INC.
	ART	ICLE II PRIN	CIPAL OF	FICE



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

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

100 SHARES OF COMMON STOCK PAR VALUE \$/(0)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

FATIMA LUZURIAGA 1349 S.E. 18<sup>TH</sup> PLACE OCALA, FLORIDA 34471

### ARTICLES V INCORPORATOR(S) See instructions for officers/directors

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

FATIMA LUZURIAGA
1349 S.E. 18<sup>TH</sup> PLACE
OCALA, FLORIDA 34471

The undersigned incorporator(s) has (have) excuted these Articles of Incorporation this

day of August 1000

falma Fazer capa.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: MONTESSOR! CHILDREAS	World, INC.
2. The name and address of the registered agent and office is:	
FAZIMA LUZURIAGA (Name)	DO NUG- SECRET
(P.O. Box or Mail drop Box Not Acceptable)	SSET B.
Ocala, Floring 3447/ (City/State/Zip)	<u> </u>

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 obligations of my position as registered agent.

fatima Luxurage.

(Signature)

(Date)