

TRANSMITTAL LETTER

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

SUBJECT: Barbara's Home DayCare Extraordinaire  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
Incorporated

600004368126--5  
-06/06/01--01087--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Barbara Gene West  
Name (Printed or typed)

1851 N. W. 83rd street  
Address

Miami, Florida 33147  
City, State & Zip

305-836-0464  
Daytime Telephone number

FILED  
01 JUN -6 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

JUN 11 2001

# ARTICLES OF INCORPORATION -

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Barbara's Home Day Care Extraordinaire Incorporated

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

1851 NW 83rd street  
Miami Florida 33147

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

School

## ARTICLE IV SHARES

The number of shares of stock is:

1 one

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Barbara West - President <sup>CEO</sup> 1851 NW 83rd street Miami 33147  
Marchelle West Secretary 3770 NW 177 st Miami Fla  
Montrelle West Hunt Vice President 3770 NW 177 st

## ARTICLE VI REGISTERED AGENT

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

Barbara G. West  
1851 NW 83rd street  
Miami Florida 33147

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara G. West  
1851 NW 83rd street  
Miami Florida 33147

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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

Barbara Gene West  
Signature/Registered Agent

June 5, 2001  
Date

Barbara Gene West  
Signature/Incorporator

June 5, 2001  
Date

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01 JUN -6 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA