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**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : MEDGUARD BUSINESS CENTER, INC.  
Account Number : I19990000019  
Phone : (305) 389-2049  
Fax Number : (305) 826-2165

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 30 AM 7:46

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**FLORIDA PROFIT CORPORATION OR P.A.**

**Marina's Child Care, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

**H010000858018**

### ***Articles of Incorporation***

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

#### **ARTICLE I NAME**

The name of the corporation shall be:  
**Marina's Child Care, Inc.**

#### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
**5940 S.W. 102nd Avenue  
Miami, Florida 33173**

#### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
**The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.**

#### **ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and Florida street address of the initial registered agent are:  
**Everlinda Marina Toledo  
5940 S.W. 102nd Avenue  
Miami, Florida 33173**

#### **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

**Everlinda Marina Toledo, DP  
5940 S.W. 102nd Avenue  
Miami, Florida 33173**



Signature/Incorporator

07/30/01

Date

( An additional article must be added if an effective date is requested. )

*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/Registered Agent

07/30/01

Date

**H010000858018**

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