

P02000130520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

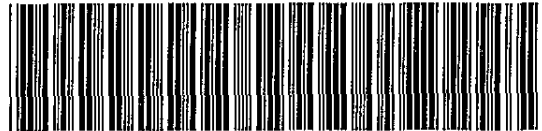
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200009341232

12/10/02--01040--003 \*\*78.75

SECRET  
TALLAHASSEE, FLORIDA

02 DEC 10 AM 9:37

FILED

**TRANSMITTAL LETTER**

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: APPLETREE FAMILY CHILD CARE, INC.

Dear Representative,

The enclosed Articles of Incorporation and check for \$78.~~45~~ are submitted to register the above referenced corporation to transact business in the state of Florida.

Please return all correspondence concerning this matter to the following:

**Elena Morell**  
APPLETREE FAMILY CHILD CARE, INC.  
5100 East 8<sup>th</sup> Ave  
Hialeah, FL 33013

Should you need to call someone concerning this matter, please call:

oe at (786) 251-0362

**FILED**

02 DEC 10 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**of**  
**APPLETREE FAMILY CHILD CARE, INC.**

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 1**

The name of the Corporation shall be:

**APPLETREE FAMILY CHILD CARE, INC.**

**Article 11**

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

**5100 East 8<sup>th</sup> Ave  
Hialeah, FL 33013**

**Article 111**

The corporation is authorized to have outstanding one class of stock. Holders of common stock are entitled to vote on all questions required by law on the basis of one vote per share and there shall be no cumulative voting. The maximum number of shares of common stock which the corporation is authorized to have outstanding is **1,000** shares at a par value of **\$1** per share.

**Article 1V**

The corporation shall have perpetual existence.

#### **Article V**

**The purpose of this corporation is to provide child care services to the public.**

The foregoing purpose (s) and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose (s) which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

#### **Article VI**

The name and address of the initial registered agent is:

**Elena Morell  
8270 NW 166<sup>th</sup> Terrace  
Miami Lakes, FL 33016**

#### **Article VII**

The NAME and address of each of the members of the initial Board of Directors and officers (s) who shall hold office for the first year of existence of this corporation, and until their successors are elected or appointed are as follows:

##### **DIRECTOR (S):**

**Elena Morell  
8270 NW 166<sup>th</sup> Terrace  
Miami Lakes, FL 33016**

##### **OFFICER (S):**

**Elena Morell - President  
8270 NW 166<sup>th</sup> Terrace  
Miami Lakes, FL 33016**

**Maria Calzadilla – Vice President  
8366 West 14<sup>th</sup> Ave  
Hialeah, FL 33014**

**Abilio M. Morell-Treasurer  
8270 NW 166<sup>th</sup> Terrace  
Miami Lakes, FL 33016**

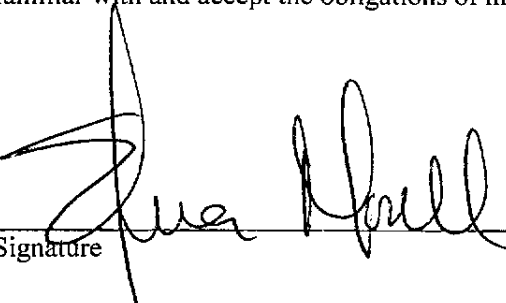
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

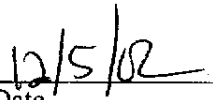
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617-0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. The name of the corporation is: APPLETREE FAMILY CHILD CARE, INC.
2. The name and address of the registered agent and office is:

**Elena Morell  
8270 NW 166<sup>th</sup> Terrace  
Miami Lakes, FL 33016**

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 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

  
\_\_\_\_\_  
Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED

02 DEC 10 AM 9: .

SECRETARY OF STA  
TALLAHASSEE, FLOR

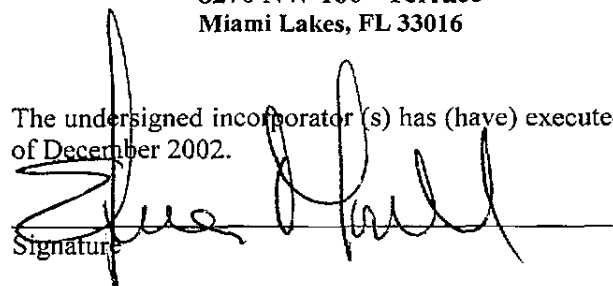
Article VIII

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by it to the stockholders, and approved by vote.

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

**Elena Morell**  
**8270 NW 166<sup>th</sup> Terrace**  
**Miami Lakes, FL 33016**

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this **5th** day of December 2002.

  
Signature

State of Florida  
County of Dade

I Hereby Certify, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared the following person(s):

Elena Morell

to be known to be the person(s) described in and who executed the foregoing instrument and they acknowledged before me that they executed the same. I relied upon the following forms of identification - personally known.

Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, AD 2002.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Notary Name

Notary Seal