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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	Office Use Only	
/	/	



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

w03-5035

TRANSMITTAL LETTER

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

SUBJECT:	Mi Escuelita,	, CORP.		
, . 	(PROPOSED CORPORATE)	NAME – MUST INCLUDE	SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Esther E. Sangiovanni Name (Printed or typed) 6592 Rivermill Club Drive Address Lake Worth, Fl. 33463 City, State & Zip				
561-352-6440				

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 21, 2003

ESTHER E. SANGIOVANNI 6592 RIVERMILL CLUB DR. LAKE WORTH, FL 33463

SUBJECT: MI ESCUELITA, CORP. Ref. Number: W03000005235

We have received your document for MI ESCUELITA, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist
New Filing Section

Letter Number: 503A00011663

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:	
Mi Escuelita, Corp.	-
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	031 SEC
6592 KIVERMILL CLUB Drive	KARE F
PAKE WONTH, F1 33463	TARY ASSE
ARTICLE III PURPOSE	~~~ ·
The purpose for which the corporation is organized is:	AM O
Children Care Services.	ED OF STATE FLORIDA
ARTICLE IV SHARES	
The number of shares of stock is:	•
100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
ESTHER E. SANGIOVANNI MARX I. REYMOSO 6592 Rivermill CI. Dr. 6592 Rivermill CI. Dr LAKE WORTH, FI 33463 BAKE WORTH, II 33463	Ylma Ulerio 5yaz Rivarmill Lane
6592 Rivermill Cl. Dr. 6592 Rivermill Cl. Dr	5422 Kivarmill Kane
	RAKE WORTH, F133463
(PRESIDENT) (VICE-PRESIDENT)	(Measurie)
ARTICLE VI REGISTERED AGENT	<u> </u>
The name and Florida street address of the registered agent is:	
Esther E-Sargiovanni 6892 Rivermill Club Dr.	
Lake worth, fl. 33463	
To be a second of the second o	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Esther E. Sargiovanni	•
6592 nivermill club or	
Lake worth, FL. 33463	

Having been named as registered agent to accept service of process for the above stated con- certificate, I am familiar with and accept the appointment as registered agent and agree to a	rporation at the place designated in this ect in this capacity
certificate, I am familiar with and accept the appointment as registered agent and agree to a	
The Salgeoname) Lake Worth, FC 33463	2/27/03
Signature Registered Agent	Date
4 All San -	2/10/12
A her Sugaranic	d/18/03
Signature/Incorporator	Date