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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 10 PM 1:01

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FLORIDA PROFIT CORPORATION OR P.A.

ALYSSA'S LEARNING CENTER INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
ALYSSA'S LEARNING CENTER INC.

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

ALYSSA'S LEARNING CENTER INC.

The principal place of business of this corporation shall be: 8990 NW 62ND STREET TAMARAC, FL 33321

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$ 1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

CAMILE W. MOHAMMED(pre, sec, trea)
8990 NW 62nd ST
TAMARAC, FL 33321

JENNIFER ANDERSON(vice-pres)
8990 NW 62nd ST.
MIAMI, FL 33321

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

ALYSSA'S LEARNING CENTER INC.

2. The name and address of the registered agent or office is:

CAMILE W. MOHAMMED 8990 NW 62nd ST.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33321

(CITY/STATE/ZIP)

SIGNATURE

Camille W. Mohammed

TITLE

DATE

12/10/03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Camille W. Mohammed

DATE

12/10/03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA