## PO4000 25961

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Oity/Otato/Elph Hono #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:
LOURS RIVEY GAVE
ATTRIORIZATION BY PHONE TO
DATE Shold
DOC. EXAM TH
L

Office Use Only



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TH2/14/04

## TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCLI	IDE SUFFIX)
Enclosed is an origina	al and one(1) copy of the artic	les 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:		Livera Printed or typed)	
	1430 N. Fores	Address	
	Avon Park	F1 33825 State & Zip	

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

53. 8423
Daytime Telephone number



Secretary of State

January 28, 2004

LAURDES RIVERA 1430 N FOREST AVE AVON PARK, FL 33825

SUBJECT: TWO BY TWO, INC. Ref. Number: W04000003799

We have received your document for TWO BY TWO, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

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) 245-6855.

Tammy Hampton Document Examiner New Filings Section

Letter Number: 604A00005800

. . - . .

, and the same of	
ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
A DOUGH TO T STATED	FILED
ARTICLE I NAME The name of the corporation shall be:	
	04FEB-9 AMII:07
TTXT, Inc.	SECRETANT OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	, reomba
The principal place of business/mailing address is:	
501 N. Byrd Que. Quon Park, Fl 33825	_
auon tark, FI 33825	
ARTICLE III PURPOSE	_
The purpose for which the corporation is organized is:	
child Care	
ARTICLE IV SHARES	
The number of shares of stock is:	•
[00]	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	Eunice Colon, Va 1430 N. Forestau
Lourdes Rivera, Director 1430 N. Forest Que.	1430 N. Borestau
1430 N. Forest over	avon Pork, Fl 338
auon Park, Fl 33825	WON 1021, F1 338
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
Lourdes Rivera 1430 N. Forest Que.	
avon Park F1 33825	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Lourdes Rivera 1430 N. Forest Que	
avon Pork, FI 33825	
·	*********
Having been named as registered agent to accept service of process for the above stated corcertificates. I am familiar with and accept the appointment as registered agent and agree to a	poration at the place designated in this ct in this capacity
	S = - 11
founds Plusa	1-14-04
Signature/Registered Agent	Date
Rignature/Registered Agent Rivera	1-14-04

Signature/Incorporator

Date