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(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
		;				

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SECRETARY OF STATE ATTEMS

TRANSMITTAL LETTER

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

SUBJECT:	LITTLE AN	GELS D	AYCARE	, INC.			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFF</u>						
Enclosed are an	original and one	(1) copy (of the artic	les of incorporation and	l a check for:		
			1				
□ \$70.0				□ \$78.75	\$87.50		
Filing Fe				Filing Fee	Filing Fee,		
	& Certific	& Certificate of Status		& Certified Copy	Certified Copy		
					& Certificate of		
				A DEDITORY OF A CO	Status		
				ADDITIONAL CO	DPY REQUIRED		
			•				
FROM:	CHARLE	S TURN					
		Name (Printed or typed)					
	2021 N	W 64th	AVE				
-							
		Address					
	SUNRIS	E FL	33313				
		City, State & Zip					
	75, 0,						
	/34-24	754-246-9650					
		Daytime Telephone number					

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

OV APR 28 PM

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:

LITTLE ANGELS DAYCARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2021 NW 64th AVENUE SUNRISE FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE A DAYCARE CENTER

ARTICLE IV SHARES

The number of shares of stock is:

5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CHARLES TURNQUEST 2021 NW 64th Ave Sunrise F1 33313 PRESIDENT NATILEDA PATNELLI 2021 NW 64th Ave Sunrise F1 33313 DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHARLES TURNQUEST 2021 NW 64th Ave SUNRISE FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES TURNQUEST 2021 NW 64th Ave SUNRISE FL 33313

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

4-23-04 Date

Signature/Incorporator

4-23-04

Date