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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

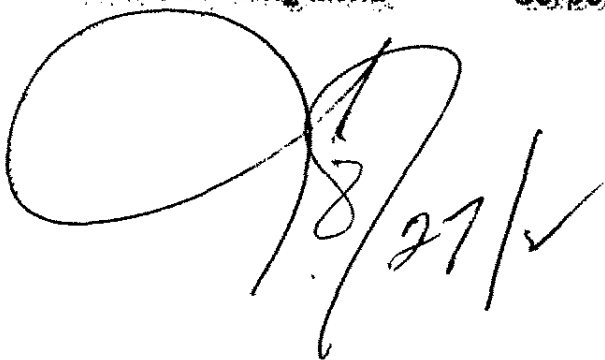
OASIS FAMILY DAY CARE, INC.

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ARTICLES OF INCORPORATION
OF
OASIS FAMILY DAY CARE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights and duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

Article I

The name of the Corporation shall be:

OASIS FAMILY DAY CARE, INC.

Article II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

Article III

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

Article IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 100 shares, having an individual value of \$1.00 each; and shall be only Common class of stock of this corporation. The shares shall be issued as follows:

JOSE ALFONSO	51 Shares
EVELYN FERNANDEZ	49 Shares

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Article V

The name and address of the initial registered agent, registered office, and principle office of this corporation shall be:

EVELYN FERNANDEZ
14810 SW 288 STREET
LEISURE CITY, FL 33033

Article VI

The initial Board of Directors shall consist of TWO persons. The name of the persons who are to serve as initial directors are:

JOSE ALFONSO
14810 SW 288 STREET
LEISURE CITY, FL 33033

PRESIDENT, SECRETARY

EVELYN FERNANDEZ
14810 SW 288 STREET
LEISURE CITY, FL 33033

VICE PRESIDENT, TREASURER

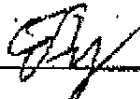
Article VII

The name and address of the incorporator executing these Articles of Incorporation is:

EVELYN FERNANDEZ
14810 SW 288 STREET
LEISURE CITY, FL 33033

IN WITNESS WHEREOF, The undersigned incorporator has executed these Articles of Incorporation this 24 day of August, 2004.

EVELYN FERNANDEZ



In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said act:

First-That OASIS FAMILY DAY CARE, INC.

(name of Corporation)

desiring to organize under the laws of the State of Florida, its principle office as indicated in the

Articles of Incorporation at the COUNTY OF MIAMI-DADE, State Of Florida, has named EVELYN FERNANDEZ
(Name of Registered Agent)

located at 14810 SW 288 STREET, City of LEISURE CITY
(Street Address and number)

county of MIAMI-DADE, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:


SECRETARY OF STATE
TALLAHASSEE
FLORIDA

Signature Registered Agent

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