

P04000165470

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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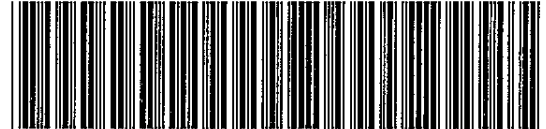
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LITTLE MASTERS DAY CARE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION OF:**

LITTLE MASTERS DAY CARE, INC.

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: LITTLE MASTERS DAY CARE, INC.

The principal place of business of this corporation shall be:

28937 South Dixie Highway  
Homestead, FL 33033

**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 of America, 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: 1,000 Shares

**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):

President / Director  
Vicente O Fernandez  
28937 South Dixie Highway  
Homestead, FL 33033

Vice President / Director  
Lourdes Garcia  
28937 South Dixie Highway  
Homestead, FL 33033

Secretaty / Treasure / Director  
Maria T. Alberdi  
28937 South Dixie Highway  
Homestead, FL 33033

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

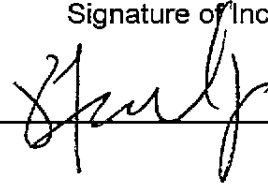
**ARTICLE VI: INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Vicente O Fernandez  
28937 South Dixie Highway  
Homestead, FL 33033

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 6 day of December, AD 2004.

Signature of Incorporator(s)

A handwritten signature in black ink, appearing to read 'Vicente O Fernandez', is written over a horizontal line. Below this line are two more empty horizontal lines for additional signatures.

**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: LITTLE MASTERS DAY CARE, INC.
2. The name and address of the registered agent and office is:

Carmona & Associates, Inc.  
c/o Emerson Carmona  
6850 Coral Way, Suite 205  
Miami, FL 33155

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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: \_\_\_\_\_

Date: \_\_\_\_\_