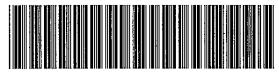
# P05000158321

STARKIDS CHRISTIAN ACADEM FRESCHOOL, INC. 1403 Saddlerback Ridge Ro Apopka, FL 32703	7Y. I.,
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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1 AN ARREST OF STATE

t Burst DLC 5,2005

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

Re: Starkids Christian Academy & Preschool, Inc.

### To Whom It May Concern:

I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation. [I reserved the above corporate name with your office pursuant to reservation #]\_\_\_\_\_\_, dated 11/28/2005.

Also enclosed is a check/money order in the amount of \$122.50 for payment of the following fees:

Filing Fee	\$ 35.00
Certified copy fee	52.50
Registered Agent fee	35.00
Charter Tax	<u>00.00</u>
TOTAL	\$122.50

Please file the original articles and return the certified copy to me at the above address:

Sincerely

Incorporator

N'guessan Mark Koffi

## ARTICLES OF INCORPORATION OF STARKIDS CHRISTIAN ACADEMY & PRESCHOOL, INC.

ONE:

The name of the Corporation is Starkids Christian Academy &

Preschool, Inc.

TWO:

The duration of the Corporation shall be perpetual.

THREE:

The address of the Corporation is:

1403 Saddlerback Ridge Rd,

Apopka, FL 32703

FOUR:

The general purpose or purposes for which this Corporation is being formed is/are to open a Day Care Facility, and a Child Development, including elementary and middle school education, consulting and any other lawful business activities

for which Corporation may be incorporated under Chapter 607

of the Florida statutes.

FIVE:

The aggregate number of shares, which the Corporation shall

have authority to issue, is:

One Thousand (1,000) common shares having a value of

\$1.00 per share.

SIX:

The registered agent and the street address of the initial

registered office of the Corporation in the State of Florida is:

Name

Address

N'guessan Mark Koffi

1403 Saddlerback Ridge Road,

Apopka, FL 32703

SEVEN:

The number of directors/officers constituting the initial Board of Directors is/are 2 and the name and address of each person who is to serve as a member thereof is as follows:

Name	Address		
N'guessan Mark Koffi	1403 Saddlerback Ridge Road,		
President	Apopka, FL 32703		
Suzanne Brou Yao	1403 Saddlerback Ridge Road,		
Vicepresident	Apopka, FL 32703		

EIGHT: The name and address of the Sole Incorporator is:

1101110	<u> </u>
N'guessan Mark Koffi	1403 Saddlerback Ridge Road,
	Apopka, FL 32703

Address

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

NK

Name

NINE: The names and street addresses and the number of shares subscribed to by the subscribers hereto, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

Name	Shares
N'guessan Mark Koffi 1403 Saddlerback Ridge Road, Apopka, FL 32703	500 Shares
Suzanne Brou Yao 1403 Saddlerback Ridge Road, Apopka, FL 32703	500 Shares

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

Signature/Incorporator

Date

Date

### STATE OF FLORIDA

#### **COUNTY OF SEMINOLE**

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person, N'guessan Mark Koffi, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

WITNE	SS my hand a	and officia	al seal in the C	ounty and State	named
	t				
above this	28	_day of _	NOVEMBER	, 2005.	

Notary Public

My commission expires: 12/13/

Billie!

Personally Known\_

Identification FL DRIVERS FLEENSE K 100-620-60-001-1

