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From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305) 444-6226
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FLORIDA PROFIT/NON PROFIT CORPORATION

LITTLE ALONDRAS CARE, INC.

Certificate of Status	1
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p. 2

H06000133957 3

CERTIFICATE OF INCORPORATION
OF
LITTLE ALONDRAS CARE, INC.

The undersigned incorporator to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I
NAME

The name of this corporation is: LITTLE ALONDRAS CARE, INC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of One Dollar (\$1.00) per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV
INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Barbara Garcia
2100 Salzedo Street Suite 300
Phone: (305) 444-6226
Coral Gables, Florida 33134
Florida Bar No.0194123

H06000133957 3

H06000133957 3

ARTICLE VI
ADDRESS

The initial mailing address of the principal office of this corporation in the State of Florida is 19700 NW 40TH AVENUE, CAROL CITY, FL 33055. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VII
DIRECTORS

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time by By-laws adopted by the Stockholders, but shall never be less than one. The name and address of the initial director which shall serve until her replacement assume his/her position is:

<u>Name</u>	<u>Address</u>
CAROLINA ARAZOZA	19700 NW 40 TH AVENUE CAROL CITY, FL 33055

ARTICLE VIII
INITIAL OFFICERS

The names offices and addresses of the initial officers which shall serve until their replacements assume their positions are:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President	CAROLINA ARAZOZA	19700 NW 40 TH AVENUE
Secretary		CAROL CITY, FL 33055

ARTICLE IX
INCORPORATOR

The name and mailing address of the incorporator of these articles of incorporation is CAROLINA ARAZOZA OF 19700 NW 40TH AVENUE, CAROL CITY, FL 33055.

ARTICLE X
AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

H06000133957 3

H06000133957 3

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 is:

LITTLE ALONDRAS CARE, INC.

2. The name and address of the registered agent:


ARAZOZA & FERNANDEZ-FRAGA P.A.
2100 Salzedo Street, Suite 300
Coral Gables, FL 33134



CAROLINA ARAZOZA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent



CARLOS F. ARAZOZA
Managing Director
Arazoza & Fernandez-Fraga, P.A.
Date: May 15, 2006

H06000133957 3

H06000133957 3

ARTICLE XI
REGISTERED OFFICE AND REGISTERED AGENT

LITTLE ALONDRA CARE, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134.

WITNESS the hand and seal of the incorporator in Miami-Dade County, State of Florida, this 15th day of May, 2006



CAROLINA ARAZOZA

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 15th day of May, 2006, by CAROLINA ARAZOZA. She is personally known to me or presented his FL Driver's License as identification, and she did _____ take an oath.

WITNESS my hand and seal at Coral Gables, Miami-Dade County, Florida this 15th day of May, 2006.



NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:



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