# P0700053779

(Requestor's Name)			
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(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

07 MAY -4 PH 3:



W07-14417

# COVER LETTER

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

SUBJECT: Little Titans Incorporated, Inc	D	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	i a check for:
\$70.00 \$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
Dolio M. SMITH		
FROM: Delia M. SMITH	(Printed or typed)	
1643 EAST MEMORIAL B	SLVD Address	
LAKELAND FL 33801 City,	State & Zip	
(863) 934-1963 EVENING  Daytime T	(863) 859-1713 elephone number	

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



April 23, 2007

DELIA M SMITH \*\*\*\*\*\*2ND MAILING 1643 EAST MEMORIAL BLVD LAKELAND, FL 33801

SUBJECT: LITTLE TITANS INCORPORATED, INC.

Ref. Number: W07000014417

We have received your document for LITTLE TITANS INCORPORATED, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 707A00020085

# 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 TITANS INCORPORATED, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1643 EAST MEMORAIL BLVD LAKELAND FL 33801

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**DAYCARE SERVICES** 

### ARTICLE IV SHARES

The number of shares of stock is:

ONE

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DELIA M. SMITH OWNER/DIRECTOR 1643 EAST MEMORIAL BLVD LAKELAND FL 33801

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DELIA M. SMITH 1643 EAST MEMORIAL BLVD LAKELAND FL 33801

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BELIA M. 8mith 8202 WOODVINE CIRCLE Lukeland FI 33810

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

Date

3/20/07

Date

3/20/07

Signature/Incorporator

Date

SECRETARY OF STATE

7 MIY - L PH 3: 05