# P08000024479

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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2008 HAR -7 PM 1: 3: SECRETARY OF STATE TALLAHASSEE, FLORID

# COVER LETTER

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

SUBJECT:	Little Disciples	Learning Cente	e,inc		
SUBJECT: Little Disciples Learning Center, inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
•	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
	•	ADDITIONAL CO	Status		
		ADDITIONAL CC	N I REQUIRED		
	1				
FROM:	hartrice	Coceaves			
FROM: hartice Coreaves Name (Printed or typed)					
1009 Bayberry Loop					
		71001033			
	Menzistan	FL 33440			
Clewiston FL 33440 City, State & Zip					
	(0, 0) 70	<b>1</b>			
(863) 599-0266  Daytime Telephone number					

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2008

KATRICE GREAVES 1009 BAYBERRY LOOP CLEWISTON, FL 33440

SUBJECT: LITTLE DISCIPLES LEARNING CENTER

Ref. Number: W08000010103

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

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 008A00011957

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# '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:

PORATION
07 and/or Chapter 621, F.S.,

hall be:

Little Disciples Learning Center, InchASSEE, FLORITARY OF STAIL

TAFFICE

19.

# PRINCIPAL OFFICE

The principal place of business/mailing address is:

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: ANY legal

ARTICLE IV # 50,000 The number of shares of stock is:

# INITIAL OFFICERS AND/OR DIRECTORS

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

President - Jeremy Greaves SR. 1009 Bayberry Loop Clewiston, FL 33410

Vice President - Hartrice Greaves 1009 Bayberry Loop Clewiston, FL 33440

Secretary - Sylvia Wrisper 901 Harlem Academy AV Clewiston, FL 33440

ARTICLE VI	REGISTERED AGENT				
The <u>name and Flo</u>	orida street address (P.O. Box NOT a	cceptable) of the registere	d agent is:		
	hartrice Greaves				
	1009 Bayberry Loop Clewiston, FL 33440				
	CleWISTON, FL 33440				
ARTICLE VII	INCORPORATOR				
The name and add	dress of the Incorporator is:				
	Jeremy Greaves				
	1009 Bay berry Loo	O			
******	Jeremy Greaves 1009 Bayberry Loo Clewiston IFL 33	544 <i>0</i>	****		
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					
ha	trà M. Dreaus		2/22/08		
Signatu	re/Registered Agent		,Date		
ere	my / Hreaves		2/2/08		
/	re/Incomporator	<del></del>	Date		

, r, J

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA