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MAR 20 2008 D. A. WHITE

TRANSMITTAL LETTER

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

SUBJECT: Kids Kozy Korner Learning Center, Inc.

(Proposed corporate name-must include suffix)

Enclosed are an original and $\underline{one(1) copy}$ of the articles of incorporation and a check or money order for:

COST \$78.75

Filing Fee & Certificate

From: Emounte Banks

780 Fisherman Street Suite # 110
Address

Opa-Locka, FL 33054
City, State, Zip

(305) 433-1367
Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2008

EMOUNTE BANKS 780 FISHERMAN STREET SUITE 110 OPA LOCKA, FL 33054

SUBJECT: KIDS KOZY KORNER LEARNING CENTER, INC.

Ref. Number: W08000013155

We have received your document for KIDS KOZY KORNER LEARNING CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected 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) 245-6933.

Dale White Regulatory Specialist II New Filing Section

Letter Number: 008A00015240

FILED

AND MAR 20 P 2: 30

ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Busine of IDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Kids Kozy Korner Learning Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The maximum number of shares that this corporation is authorized to have outstanding at any time is SEVEN THOUSAND FIVE HUNDRED (7,500) of common stock, each share having the par value of ONE DOLLAR (\$1.00).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Emounte M. Banks 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

ARTICLE V INCORPORATOR(S)

The names(s) and street address of the incorporators is (are):

Emounte M. Banks 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

Lindal Campos/Mitchell 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

Launa K. Fuller 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

ARTICLE VI CORPORATON EXISTENCE

The existence of this corporation shall be perpetual.

ARTICLE VII EFFECTIVE DATE

The effective commencement date for the corporation is March 18th, 2008

ARTICLE VIII INITIAL OFFICERS AND/OR 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:

Lindal Campos/Mitchell – President 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

Launa K. Fuller – Vice President 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

Emounte M. Banks - Treasurer 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054 The undersigned incorporator(s) has (have) executed these articles of incorporation this

// day of Hane 2008.

Signature

Signature

Notarization is not required

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF 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 corporation is:

Kids Kozy Korner Learning Center, Inc. 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

2. The name and address of the registered agent and office is:

Emounte M. Banks 780 Fisherman Street Suite # 110 Opa-Locka, FL 33054

ess for the above stated ept the appointment as apply with the provisions

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.

(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314