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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE,
DIVISION OF CORPORATION

OR MAY 30 PM 1: ES

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COVER LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 PM 1:45

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

SUBJECT:	Chiki & Kuku's Learning Center, Inc (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art		
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		A VARGAS (Printed or typed)	
	2604	3 SW 138th Place Address	
	Miami, FL 33032 City, State & Zip		
	786-797-9398 Daytime Telephone number		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATES
DIVISION OF CORPORATIONS

1 08 MAY 30 PM 11 45

ARTICLE I NAME

The name of the corporation shall be:

Chiki & Kuku's Learning Center, Inc

ARTICLE II PRINCIPAL OFFICE

The principle <u>street</u> address and mailing address, if different is: 26043 SW 138TH PL MIAMI, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): SARA VARGAS P 26043 SW 138TH PL MIAMI, FL 33032

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: OLGA ROMAY 26206 SW 136TH PL MIAMI, FL 33032

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: SARA VARGAS 26043 SW 138TH PL MIAMI, FL 33032