

FROM : LAZARUS  
DIVISION OF CORPORATIONS

FAX NO : 305-220-1440

JUL 23 2008 01:03 PM P1

PD8000069801

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000179276 3)))



H080001792763ABC7

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

MY RAINBOW FAMILY CHILD CARE, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
08 JUL 23 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
08 JUL 23 PM 2:05  
DIVISION OF CORPORATIONS

MRD 7/24

7/23/2008 12:40 PM

H08000179276

FILED

08 JUL 23 AM 10:47

**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF  
FORMING A  
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION  
ACT, HEREBY  
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

MY RAINBOW FAMILY CHILD CARE, INC

**ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:

500 SW 66 AVE  
MIAMI, FL 33144

**ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

NAIDA GONZALEZ  
500 SW 66 AVE  
MIAMI, FL 33144

H08000179276

H08000179276

FILED

08 JUL 23 AM 10:47

**ARTICLE V - INCORPORATOR**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:**

NAIDA GONZALEZ  
500 SW 66 AVE  
MIAMI, FL 33144

**THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS**

22 DAY OF JULY, 2008

Naida Gonzalez  
SIGNATURE

**ARTICLE VI - DIRECTOR(S)**

**THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):**

P NAIDA GONZALEZ, 500 SW 66 AVE  
MIAMI, FL 33144

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Naida Gonzalez  
REGISTERED AGENT SIGNATURE

H08000179276