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CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

in the state of th	Office Usc Only	
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
1. JOYFUL HEC	arts LEArning Center	Y
(Corporation Name)	(Document #)	
2	Corp.	
(Corporation Name)	(Document #)	
3		,
(Corporation Name)	(Document #)	
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	☐ Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	
	Examiner's Initials	

ARTICLES OF INCORPORATION

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:

Joyful Hearts Learning Center Corp.

ARTICLE II - PRINCIPAL OFFICE

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

2960 5. Horseshoe Drive #1000 Naples, F1:34104

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

Suzanne Gonzalez 1154 NW 27 Are Cape Coval, Fl. 33993



ARTICLE V - INCORPORATOR

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

Suzanne Gonzalez 1154 NW 27 Ave Cape Coval, F1 33993

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

26

OF INCORPORATION THIS
DAY OF DOUGLOVE

200 ^C

09 JAN 27 AM II: 12

Supril Dong

ARTICLE VI - DIRECTOR(S)

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

Suzanne Gonzalez

President

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.

REGISTERED AGENT SIGNATURE