

PO9000029846

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.

(((H09000076515 3)))



H090000765153ABCO

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 : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

KIDZVILLAGE MONTESSORI SCHOOL & DAY CARE CENTER, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

APPROVAL
AND
FILED

RECEIVED
DEPARTMENT OF STATE
09 APR - 1 PM 1:21
TALLAHASSEE, FLORIDA
09 APR - 1 PM 2:09
SECRETARY OF STATE

APPROVED
AND
FILED

09 APR -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida general Corporation Act, hereby adopt(s) the following Articles of incorporation.

Article I NAME

The name of the corporation shall be:

KIDZVILLAGE MONTESSORI SCHOOL & DAY CARE CENTER, INC.

The principal place of business of this corporation shall be:

4365 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value this corporation is authorized to have outstanding at any one time is: 100 shares.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS 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 (are):

SANDRA JOHNSTON
4365 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351

PRESIDENT

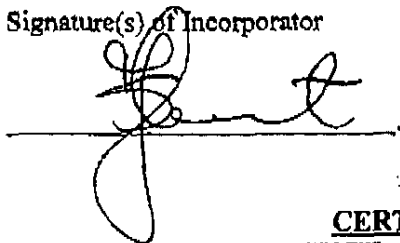
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1ST of APRIL, 2009.

SANDRA JOHNSTON
4365 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351

Signature(s) of Incorporator

A handwritten signature in black ink, appearing to read 'Sandra Johnston', is written over a horizontal line.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 the corporation:

KIDZVILLAGE MONTESSORI SCHOOL & DAY CARE CENTER, INC.

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

SANDRA JOHNSTON

(P O BOX NOT ACCEPTABLE)

4365 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351

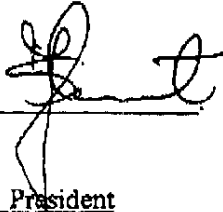
(CITY/STATE/ZIP)

APPROVED
AND
FILED

09 APR -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature



Title

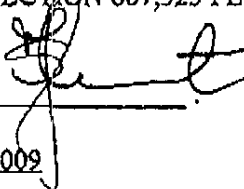
President

Date

APRIL 1, 2009

HAVING BEEN NAMED TO ACCEPT OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607,325 FLORIDA STATUTES

Signature



Date

April 1, 2009