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**P090000070205**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : TRIDENT TITLE LLC  
Account Number : I20090000078  
Phone : (561) 515-2920  
Fax Number : (561) 515-2939

RECEIVED  
DEPARTMENT OF STATE  
09 AUG 19 PM 3:55

**FLORIDA PROFIT/NON PROFIT CORPORATION**

Sweet Pea Baby Planners of South Florida, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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### COVER LETTER

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

SUBJECT: Sweet Pea Baby Planners of South Florida, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Andrea M. Holloway  
                    Name (Printed or typed)

225 S. Olive Avenue  
                    Address

West Palm Beach, Florida 33401  
                    City, State & Zip

(561) 515-2922  
                    Daytime Telephone number

aholloway@kraskerlaw.com  
                    E-mail address: (to be used for future annual report notification)

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

H09000185229 3

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

Sweet Pea Baby Planners of South Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

555 Enfield Court, Delray Beach, Florida 33444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For the purpose of transacting 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):

Kelle Mejia

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Paul A. Krasker

225 N. Olive Avenue

West Palm Beach, Florida 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Paul A. Krasker


225 S. Olive Avenue

West Palm Beach, Florida 33401

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

8-19-09  
\_\_\_\_\_  
Date

8-19-09  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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