

PO9000072165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

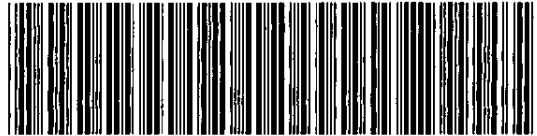
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/12/09--01035--008 \*\*78.75

FILED

2009 AUG 26 P 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 2009  
D.A. WHITE

## COVER LETTER

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

SUBJECT: Maggy's Learning Center.  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Magda Valverde  
Name (Printed or typed)

8015 Jackson Spring Rd.  
Address

Tampa FL 33615  
City, State & Zip

813-884-3853  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2009

MAGDA VALVERDE  
8015 JACKSONSPRING RD  
TAMPA, FL 33615

SUBJECT: MAGGYS LEARNING CENTER  
Ref. Number: W09000036727

We have received your document for MAGGYS LEARNING CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 509A00027652

RECEIVED  
DEPARTMENT OF STATE  
09 AUG 26 AM 11:07

Enclosed for the Department of State is a copy of the document for MAGGYS LEARNING CENTER. The document is being returned to you for correction. The document must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED. The document must also state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize. Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. If you have any questions concerning the filing of your document, please call (850) 245-6933.

**ARTICLE I NAME**

The name of the corporation shall be:

Maggy's Learning Center Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8015 JACKSON SPRING Rd.  
Tampa FL 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Home-daycare

**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):

Magda Valverde (President)  
8015 JACKSON SPRING Rd  
Tampa FL 33615

**ARTICLE VI REGISTERED AGENT**

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

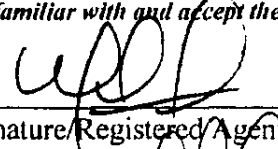
magda valverde  
8015 JACKSON SPRING Rd. Tampa FL 33615

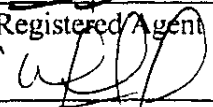
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

magda Valverde  
8015 JACKSON SPRING Rd Tampa FL 33615

\*\*\*\*\*  
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

08-06-09  
\_\_\_\_\_  
Date

08-06-09  
\_\_\_\_\_  
Date

FILED  
2009 AUG 26 P 3 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA