

PO9000096802

Division of Corporations

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Florida Department of State  
Division of Corporations  
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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PEQUENAS ESTRELLAS CHILD CARE HOME FAMILY, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Pequeñas Estrellas Child Care Home Family, Corp.

**ARTICLE II PRINCIPAL OFFICE**

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

90 Flaglami Blvd  
Miami, FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Home Family Child Care

**ARTICLE IV SHARES**

The number of shares of stock is:  
50 Shares No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Lien Comesana-90 Flaglami Blvd Miami, FL 33144-President  
Hector Gonzalez-90 Flaglami Blvd Miami, FL 33144-Treasurer and Secretary

**ARTICLE VI REGISTERED AGENT**

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

Lien Comesana-90 Flaglami Blvd Miami, FL 33144-President

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lien Comesana-90 Flaglami Blvd Miami, FL 33144-President

\*\*\*\*\*

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

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

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

11/24/09  
\_\_\_\_\_  
Date  
11/24/09  
\_\_\_\_\_  
Date