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SECRETARY OF STATE,
TALLAHASSEE, FLORIDA
2010 MAR -2 PM 2:14

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J. Shivers MAR 03 2010

COVER LETTER

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

SUBJECT: Ms MARIA CAROLINA BACA
(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: MARIA CAROLINA BACA
Name (Printed or typed)

2333 BRICKELL AVE. APT. # 211
Address

Miami, Florida; 33129.
City, State & Zip

(786) 303-5036 CELL. (305) 285-9314
Daytime Telephone-number

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

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TALLAHASSEE, FLORIDA

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

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:

MARIA MONTESSORI GROWING ROOM Corp.

ARTICLE II PRINCIPAL OFFICE

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

2333 BRICKELL AVE. APT. #211 MIAMI, FL. 33129.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EDUCATIONAL EARLY CHILDHOOD.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA CAROLINA BACA. 2333 BRICKELL AVE. APT. #211 MIAMI, FL. 33129. (OWNER)

ARTICLE VI REGISTERED AGENT

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

MARIA CAROLINA BACA. 2333 BRICKELL AVE. APT. #211 MIAMI, FL. 33129.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA CAROLINA BACA. 2333 BRICKELL AVE. APT. #211 MIAMI, FL. 33129.

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

Maria C. Baca
Signature/Registered Agent

02/24/10
Date

Maria C. Baca
Signature/Incorporator

02/24/10
Date

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STATE OF FLORIDA
TALLAHASSEE