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PICK-UP WAIT	MAIL	
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# **LAZARUS**

## **CORPORATE FILING SERVICE**

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

10 APR -2 AM U: 50

SECREMANY OF STATE TALLAHASSEE, FLORIDA

•		Office Use Only
CORPORATION NAME(S) & D	OCUMENT NUMBER(S),	(if known):
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2. AADEMY (Corporation Name)	(Document #)	·
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#### **ARTICLES OF INCORPORATION**

10 APR -2 AM II: 50

SECREYARY OF STATE TALLAHASSEE. FLORIDA
THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF
FORMING A
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION
ACT, HEREBY
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### <u>ARTICLE I'- NAME</u>

THE NAME OF THE CORPORATION SHALL BE:

Tots' Landing Learning Academy, Inc.

**ARTICLE II - PRINCIPAL OFFICE** 

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

14212 SW 62 Terrace Miami, FL 33193

### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Natalie Villacis 10212 SW 62 Terrace Miami, FL 33193

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Natalie Villacis 16212 S.W. 62 Terrace Miami, FL 33193

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

DAY OF ADTIL 2000

**SIGNATURE** 

#### **ARTICLE VI - DIRECTOR(S)**

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Natalie Villacis Roberto J. Estrada President Vice-president

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

DEFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE