

P10000053351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

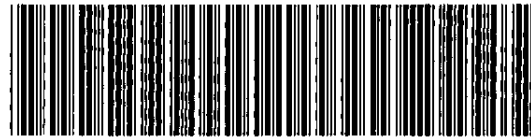
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400182446874

06/24/10--01023--005 **70.00

FILED

10 JUN 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-25 10 ch

COVER LETTER

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

SUBJECT: LOTZ OF LUV FAMILY DAYCARE, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: KARLA BELL
Name (Printed or typed)

22623 S.W. 113 PL
Address

MIAMI, FL 33170
City, State & Zip

305-219-6778
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

LOTZ OF LUV FAMILY DAYCARE Inc.

ARTICLE II PRINCIPAL OFFICE

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

22623 S.W. 113 PL

MIAMI, FL 33170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE CHILDCARE SERVICES

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):

KARLA BELL, 22623

S.W. 113 PL, MIAMI,

FL 33170,

DIRECTOR

ARTICLE VI REGISTERED AGENT

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

RAY A. MCGHEE CPA

4913 S.W. 171ST TERRACE

MIRAMAR, FL 33027

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

RAY A. MCGHEE CPA

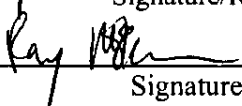
4913 S.W. 171ST TERRACE

MIRAMAR, FL 33027

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

6/21/10

Date

6/21/10

Date

FILED
10 JUN 24 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA