## 76056

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
,				

Office Use Only

135-W10000041096



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9/16/10

#### **COVER LETTER**

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

SUBJECT: Little Sta	rs Child Care Family Home Cor	D	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	a check for:
D 670.00	☑ ¢70.76	<b>□</b> \$78.75	■ \$87.50
\$70.00	<b>☑</b> \$78.75	• • • • • •	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: Lier	n Comesana Nam	e (Printed or typed)	
	. van	e (Frince or types)	
90 F	laglami Blvd		
		Address	
Miar	ni, Fl, 33144		
		, State & Zip	
305	266 6764		
	Daytime 7	elephone number	
	`		

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

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

2010 SEP 10 PM 4: 51

SECRETARY OF STAIN, OPPINION OF SCREENINGS STAIN,



# RECEIVED 10 SEP 10 PM 2: 34 DIVISION OF CORPORATIONS

### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2010

LIEN COMESANA 90 FLAGLAMI BLVD. MIAMI, FL 33144

SUBJECT: LITTLE STARS CHILD CARE FAMILY HOME CORP

Ref. Number: W10000041096

We have received your document for LITTLE STARS CHILD CARE FAMILY HOME CORP 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 110A00020869

SECRETARY OF STATE PIVISION OF COAFOR AT 5

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE BIVISION OF CORPORA THE

#### ARTICLE I NAME

The name of the corporation shall be:

Little Stars Child Care Family Home Corp

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#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> 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: Any Legal Business in the State of Florida

#### 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 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

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Lien Comesana- 90 Flaglami Blvd Miami, FL=33144

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

Signature/Incorporator

Signature/Incorporator