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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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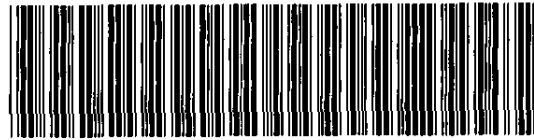
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 SEP 30 PM 2:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 SEP 30 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 30 2010

I, Tamaría Thomas release the document N090000001887  
Lil Raskills Enrichment and Learning Ctr, Inc. and will not revoke  
the dissolution.

Tamaría Thomas 9/30/2010.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Lil' RaSkills Enrichment and Learning Ctr, Inc.  
(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: Tamaria Thomas  
Name (Printed or typed)

4149 Bloxham Cutoff Rd  
Address

Crawfordville, FL 32327  
City, State & Zip

850-222-0851  
Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 30 PM 3:57

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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: Lil' Raskulls Enrichment and Learning Ctr, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 611 Miccosukee Rd Tallahassee, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide a safe educational environment that enrich the lives of childrens ages 0-13 before and after-school targeting every child.

**ARTICLE IV SHARES**

The number of shares of stock is: 10 shares

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

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

Traviata Cox 1715 Belle Haven Dr. Landover, MD 20785  
Evelyn Walker Solomon 10695 SW 172<sup>nd</sup> street Miami, FL 33157  
Cleo Bergeron 4149 Bloxham Cutoff Rd Crawfordville, FL 32327

**ARTICLE VI REGISTERED AGENT**

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

Tamaria Thomas 4149 Bloxham Cutoff Rd Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Tamaria Thomas 4149 Bloxham Cutoff Rd Crawfordville, FL 32327

\*\*\*\*\*

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

Tamaria Thomas

Signature/Registered Agent

Tamaria Thomas

Signature/Incorporator

9/30/2010  
Date

9/30/2010  
Date

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA