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Certified Copies	Certificates	of Status
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SECULIARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Kids Learning Academy Inc				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
	ADDITIONAL COLL NEW COLLEGE			
FROM: Madison Square Global N	(Printed or typed)			
155 Water Street	Address			
Brooklyn, NY 11201				
City,	State & Zip			
718-576-2205  Daytime To	elephone number			
juliettecastaneda@hotmail.com E-mail address: (fo 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 N. The name of the corpo	AME Kids Learning Academy bration shall be:	Inc	
326	RINCIPAL OFFICE Principal street address Plumwood Circle simmee Fl 34743	Madiso: 155_U	ng address, if different is:  Square Global  Water St.  Lyn, NY. 11201
ARTICLE III PU The purpose for whice Day Care Child	th the corporation is organized is:		
The number of shares			
	VITIAL OFFICERS AND/OR DIRECTORS		
Name and Title Address:	:Juliette Castaneda, President	Name and Title: Address:	
Audiess,	326 Plumwood Circle Kissimmee Fl 34743	Address.	
	13331111166 1 1 134740	·	
	•	Name and Title:	
Address:		Address:	
		·	
	<u> </u>	Name and Title:	<u> </u>
Address:		Address:	
			m
		<del></del>	<u> </u>
ARTICLE VI P	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Juliette Castaneda		<b>5</b>
Address:	326 Plumwood Circle		
rtuuress.	Kissimmee Fl 34743	•	
	Alssimmee F1 34743	•	
ARTICLE VII IN	NCORPORATOR		
	ss of the Incorporator is:		
Name:	Juliette Castaneda		
Address:	326 Plumwood Circle		
	Kissimmee Fl 34743		
	as registered agent to accept service of process amiliar with and accept the appointment as regi		
A Black			10/21/2010
19 (4)	Required Signature/Registered Agent		
	Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
The Z			40/04/0040
pp (pp)	Required Signature/Incorporator		10/21/2010
	required Signature/incorporator		Date