P/1000020602

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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200193724892

02/10/11--01016--020 **78.75



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COVER LETTER

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

SUBJECT: Children Are Blessings Learning Center, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
	(Printed or typed)		
2676 Kendall Avenue			
Kissimmee, FL 34744 City, State & Zip			
407-766-1832 Daytime To	elephone number		
tglover1122@hotmai E-mail address: (to be used	L.Com I for future annual report notification)		

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



February 14, 2011

TAMARA A. GLOVER 2676 KENDALL AVENUE KISSIMMEE, FL 34744

SUBJECT: CHILDREN ARE BLESSINGS LEARNING CENTER, INC.

Ref. Number: W11000008767

We have received your document for CHILDREN ARE BLESSINGS LEARNING CENTER, INC. 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 must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6962.

Letter Number: 511A00003780

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpo	AME ration shall be: Children Are E	Blessings Learnir	ng Center, INC.
<u>144</u>	Principal office Principal street address 6 39th Street ando, Florida 32839	Mailing address, in 2676 Kendall Avenu Kissimmee, FL 3474	<u>e </u>
The purpose for whic	h the corporation is organized is: Care facility	for ages	0-5
The number of shares	HARES I ACA	shares	11 FEB
Name and Title: Address:	Tamara Glover/ President 1446 39th Street Orlando, Fl 32839	Name and Title: Address:	
Name and Title: Address: Name and Title:	N/A	Name and Title: Address: Name and Title:	
Address:	EGISTERED AGENT	Address:	J/A
	a street address (P.O. Box NOT acceptable) of Tamara Gloves 2016 Kandall Aver		
ARTICLE VII IN	CORPORATOR		
The name and addres Name: Address:	s of the Incorporator is: Tamara Glover 2676 Kendall Avenue Kissimmee, FL 34744	 	
Having been named a this certificate, I am fa	as registered agent to accept service of proce smiliar with and accept the appointment as re Required Signature/Registered Agent	ess for the above stated corporation a gistered agent and agree to act in this	2.8.201 ₁
documens to the Depar	nt and affirm that the facts stated herein ar	e true. I am aware that the false inj ny as provided for in s.817.155, F.S.	Date formation submitted in a