

COVER LETTER

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

SUBJECT: Time Square Learning Center 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: Maria L. Penalzoza
Name (Printed or typed)

821 E. SR 434 Suite 182
Address

Longwood, FL 32750
City, State & Zip

239 601 2340
Daytime Telephone number

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

2011 JUL 15 PM 2:30
SECRET

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 Time Square Learning Center Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 821 E. SR 434 Suite 180
Longwood, FL 32750
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Childcare Services

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Maria L. Penalzoa</u>	Name and Title: _____
Address: <u>821 E. SR 434 Suite 182</u>	Address: _____
<u>Longwood, FL 32750</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Monica Lorenzetti
Address: 821 E. SR 434 Suite 178

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Maria L. Penalzoa
Address: 821 E. SR 434 Suite 182
Longwood, FL 32750

FILED
2011 JUL 15 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Monica Lorenzetti
Required Signature/Registered Agent
Date July 8 2011

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.

Maria L. Penalzoa
Required Signature/Incorporator
Date July 8, 2011