2011 13:39 NATIONS BUSINESS CENT. CS Plot of the provided and the provide	
number (shown below) on the top and bottom of all pages of the document.	
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	₽
To: Division of Corporations Fax Number : (850) 617-6381	
From: Account Name : NATIONS BUSINESS CENTER, INC. Account Number : I20000000238 Phone : (305)591-9448 Fax Number : (954)753-3447	
<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>	
FLORIDA PROFIT/NON PROFIT CORPORATION ANGELES DE AMOR DAYCAFIE, INC. Certificate of Status 0 Certified Copy 1 Page Count 01 Estimated Charge	



December 13, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

NATIONS BUSINESS CENTER, INC.

SUBJECT: ANGELES DE AMOR DAYCARE, NC REF: W11000062165

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: B11000290426 Letter Number: 911A00027759

P.O BOX 6327 - Tallahassee, Florida 32314

		S OF INCORPORATION pter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I	NAME ANGELES DE	AMOR DAYCARE, INC .	
ARTICLE II	PRINCIPAL OFFICE Principal street add toss 8535 NW 32ND AVENUE MIAMI, FL 33147	Mailing address, if d	ifferent is:
	PURPOSE which the corporation is organized is: SERVICE AND ANY OTHER	BUSINESS PERMITTED BY LAW.	
ARTICLE IV	SHARES		

ARTICLE VI REGISTERED AGENT

Address:

Address:

Name and Title

The name and Flo	rida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	ELIZABETH BORGES
Address:	8535 NW 32ND AVENUE
	MIAMI EL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	ELIZABETH BORGES
Address:	8535 NW 32ND AVENUE
	MIAMI, EL 33147

MIAMI, FL 3314.7

MIAMI. FL 33147

8535 NW 32ND AVENUE

Name and Title: JOSE BORGES, V PRES

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

Required Signatu : Registered Agent

12/9 [1] 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.

Or Fra uired Signature/Incorporator

1215 Date

NATIONS BUSINESS CENT. CS

Name and Title:

Name and Title:

Address:

Address:

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