

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

468698

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
SHORT CUTS FOR KIDS AND MORE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF  
DIVISION OF CORPORATIONS  
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Corporate Filing Menu

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February 10, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: SHORT CUTS FOR KIDS AND MORE, INC.  
REF: W12000008189

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.

You must list at least one incorporator with a complete business street address.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000035822  
Letter Number: 112A00006089

P.O BOX 6327 - Tallahassee, Florida 32314

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**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:

**SHORT CUTS FOR KIDS AND MORE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8879 S.W. 223 LN  
CUTLER BAY, FL 33190

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is 100 @ \$1.00

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

Name and Title: **PRESIDENT-IRMA D. VILLANUEVA**  
Address: **8879 S.W. 223 LN**  
**CUTLER BAY, FL 33190**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

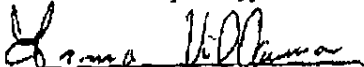
Name: **IRMA D. VILLANUEVA**  
Address: **8879 SW 223 LN**  
**CUTLER BAY, FL 33190**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **IRMA D. VILLANUEVA**  
Address: **8879 SW 223 LN**  
**CUTLER BAY, FL 33190**

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 Signature/Registered Agent

2-9-12

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.

  
Required Signature/Incorporator

2-9-12

Date

#12000035822