P12000038137

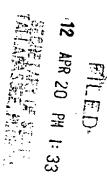
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
WH2-2037/	

Office Use Only



900227476399

04/10/12--01022--003 **78.75



COVER LETTER

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

SUBJECT: 13 M HCacle	MY Inc.	
(PROPOSED CORPORATE	NAME (JUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles	s of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
<u> </u>		
FROM: Daniana K	lliz	
Name (Pr	rinted or typed)	
420 PLOVER	Avenue	
Address		
MIAM SPING City, Silv	5 fl 33166	
780-217-50 Daytime Telep	633 phone number	
Vellowbuttecflu E-mail address: (to be used fo	750 Juhto. Com future annual report notification)	

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



April 11, 2012

DANIANA RUIZ 420 PLOVER AVENUE MIAMI SPRINGS, FL 33166

SUBJECT: D & M ACADEMY, INC. Ref. Number: W12000020371

We have received your document for D & M ACADEMY, 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):

Please list the name of the corporation in Article I of the document.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 612A00011575

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

The name of the corporation shall be: D3 H CW C	care, Inc.	
Principal Street address 420 Principal Street AVENUE MIAM SPINGS FL 331106	Mailing address, if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Child Care ARTICLE III SHARES	FILED. 12 APR 20 PM	
	Name and Title:	
	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: Address: Address: Address: Name: Address: Ad		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Name: Address: Address: Address: Address:	1 33166	
Having been named as registered agent to accept service of process fithis certificate, I am familiar with and accept the appointment as regist		
Required Signature/Registered Agent 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	9/4/2 Date 2	