

P12000076435

(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:

CORRECTED ARTICLE IV  
(STOCK) PER TELEPHONE  
CONVERSATION WITH  
MAGDA VIZZANO.

*✓* 09/07/12

Office Use Only



100218224981

01/17/12--01031--007 \*\*87.50

FILED  
12 SEP -7 PM 3:36  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

W12-3202

*✓* 09/07/12

## COVER LETTER

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

**SUBJECT: Enchanted Child Care, 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: Magda Vizcaino

Name (Printed or typed)

5077 NW 7 Street #1208

Address

Miami, Florida 33126

City, State & Zip

786-306-2977

Daytime Telephone number

m.vizcaino21@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2012

MAGDA VIZCAINO  
5077 NW 7 STREET #1208  
MIAMI, FL 33126

\*\*\* 3RD REJECTION \*\*\*

SUBJECT: ENCHANTED CHILD CARE, INC  
Ref. Number: W12000003202

We have received your document for ENCHANTED CHILD CARE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

The TOTAL number of shares of authorized stock is needed; a whole number is necessary (i.e. 1, 2, 10, 1000). Percentages and/or values are not filed in this office.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00001276



RECEIVED

12 MAR 14 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2012

MAGDA VIZCAINO  
5077 NW 7 STREET #1208  
MIAMI, FL 33126

SUBJECT: ENCHANTED CHILD CARE, INC  
Ref. Number: W12000003202

We have received your document for ENCHANTED CHILD CARE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00001276



RECEIVED

12 FEB -8 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2012

MAGDA VIZCAINO  
5077 NW 7 STREET #1208  
MIAMI, FL 33126

SUBJECT: ENCHANTED CHILD CARE, INC  
Ref. Number: W12000003202

We have received your document for ENCHANTED CHILD CARE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I -- (Name of the Corporation).

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.

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.)

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00001276

**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: Enchanted Child Care, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5077 NW 7 Street  
#1208  
Miami, FL 33126

Mailing address, if different is:  
5077 NW 7 Street  
#1208  
Miami, FL 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Child Care

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Magda Vizcaino/President  
Address: 5077 NW 7 Street  
#1208  
Miami, FL 33126

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

Name and Title: Joanna I. Arias/Vice-President  
Address: 5077 NW 7 Street  
#1208  
Miami, FL 33126

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: Magda Vizcaino  
Address: 5077 NW 7 Street #1208  
Miami, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Magda Vizcaino  
Address: 5077 NW 7 Street #1208  
Miami, FL 33126

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.

Magda Vizcaino  
Required Signature/Registered Agent

01/11/12  
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.

Magda Vizcaino  
Required Signature/Incorporator

1/30/12  
Date

FILED  
12 SEP - 7 PM 3:30  
TALLAHASSEE, FLORIDA