P1200096391

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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RECEIVED RIZ: 23

NOV 21 PN 2: I

COVER LETTER

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

SUBJECT: Kid	s-r-Kidz Academ	ny, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	ticles 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 o Status	•	
		ADDITIONAL CO	PY REQUIRED		
FROM:	Name 2604 S. I	a Lumas e (Printed or typed) Marshall Ave. Address			
		, FL 32773			
		State & Zip	SECI ALL	72	
		9-5013		NOV	
	lumes@	Celephone number A Ol. COM d for future annual report n	OCCUPATION OF STATE OCCUPATION OC	21 PM 2: 12	LED

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

11/21/12

To whom this may concern,

I Ronda Lumas have no intentions of reinstating the name kids R kidz Academy and I release to the right for it to be used.

Thank You,

Ronda Lumas

12 NOV 21 PN 2: 12

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

RTICLE II	corporation shall be: Kids-r-Kidz A					
	PRINCIPAL OFFICE					
	Principal street address		Mailing addi	ress, if differ	ent is:	
	2617 S. French Ave.	2604 S. Mar				
	Unit A & B Sanford, FL 32773	Sanford, FL	32113			
	Samord, FL 32773	<u> </u>	•			
RTICLE III	PURPOSE					
he purpose for	which the corporation is organized is: Kid	s-r-Kidz Academy's r	nission is	to provide	e qual	ity and
	childcare of children away from the	-		•	-	-
,ddozdonar (sindoare or condition away from the	ii nomes to enable p	arents to	be gairina	ı y 0.11.	picycu
RTICLE IV	SHARES					
	hares of stock is: one million					
no named or a	and or stock is. Offic. If I to love					
RTICLE V	INITIAL OFFICERS AND/OR DIR					
	Title: Ronda Lumas/President/Director	Name and Title			tor	
Address:	2604 S. Marshall Ave.	Address:	2604 S. Marsh: Sanford, FL 32			
	Sanford, FL 32773		Serriora, FL 32	2713		
M	Title: Tisha Ward/Vice President/Director	NI	Dropin in Marc	d/Discretes		
Name and Address:	2604 S. Marshall Ave.	Name and Title Address:	2604 S. Marsh			
Address,	Sanford, FL 32773	Address:	Sanford, FL 32			
		<u>. </u>				
Name and	Title: Joshua Lumas/Secretary/Director	Name and Title				
Address:	2604 S. Marshall Ave.	Address:	•			
ridar oss.	Sanford, FL 32773	ridaress.				
RTICLE VI	REGISTERED AGENT			TASE SE	12	
	lorida street address (P.O. Box NOT accep	ptable) of the registered age	ent is:	(*)		
Name:	Ronda Lumas			至沿	NON	71
Address:	2604 S. Marshall Ave.			S	V 2	
	Sanford, FL 32773			弁국	2	
DATAL S	MICORDOD 4 TOP			tu ë		П
RTICLE VII	11 Cd 1			田島	3	
	ddress of the incorporator is: Ronda Lumas			35	2	
	2604 S. Marshall Ave.			ã H	'	
Name:	Sanford, FL 32773			>	2	
Address:	3811010, FL 32113					
					lace de	esionatea
Address:	med as registered agent to accept service o	f process for the above sto	ited corpora	tion at the p	wic w	
Address: Iaving been na	med as registered agent to accept service of am familiar with and accept the appointme					
Address: Iaving been na	med as registered agent to accept service of am familiar with and accept the appointme					
Address: Iaving been na	am familiar with and accept the appointme	ent as registered agent and		t in this cape	ıcity	
Address: Iaving been na	am familiar with and accept the appointme Ronda Luma	ent as registered agent and			1, 2012	
Address: Iaving been na	am familiar with and accept the appointme	ent as registered agent and		t in this cape	ıcity	
Address: Iaving been nan is certificate, I	am familiar with and accept the appointment Ronda Luma Required Signature/Registered Ag	ent as registered agent and	agree to ac	November 2	ncity 1, 2012 Date	
Address: Saving been naisis certificate, I On lo submit this does	am familiar with and accept the appointment Ronda Luma Required Signature/Registered Agreement and affirm that the facts stated here	ent as registered agent and gent rein are true. I am aware	l agree to aci	November 2	ncity 1, 2012 Date	
Address: aving been naiscertificate, I On lo	Required Signature/Registered Agreement and affirm that the facts stated her Department of State constitutes a third degree	ent as registered agent and gent rein are true. I am aware ree felony as provided for	l agree to aci	November 2	ncity 1, 2012 Date	
Address: Iaving been nances is certificate, I On lo submit this doe	am familiar with and accept the appointment Ronda Luma Required Signature/Registered Agreement and affirm that the facts stated here	ent as registered agent and gent rein are true. I am aware ree felony as provided for	l agree to aci	November 2	icity 1, 2012 Date ion sul	omitted i