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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

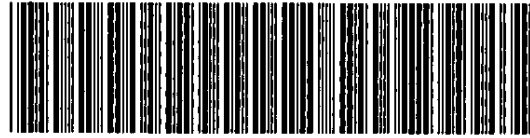
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/24/13--01012--012 \*\*87.50

FILED  
13 JUN 24 AM 11: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
6/25/13

**COVER LETTER**

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

**SUBJECT: Little Smiles Learning Academy, 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: Marian D. Walker**  
Name (Printed or typed)

**1638 Leonid Road**  
Address

**Jacksonville, Fl. 32218**  
City, State & Zip

**904-697-6447**  
Daytime Telephone number

**littlesmilesacademy@gmail.com**  
E-mail address: (to be used for future annual report notification)

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

**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: Little Smiles Learning Academy, Inc.

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1638 Leonid Road  
Jacksonville, Florida 32218

Mailing address, if different is:

Same

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To successfully facilitate learning and nurture every child in a loving  
and caring environment.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Marian D. Walker  
Address: 6338 Ian Chad Dr. W.  
Jacksonville, FL 32244

Name and Title: Temia Sibley  
Address: 11874 Fitchwood Cir.  
Jacksonville, FL 32258

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

FILED

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Marian Walker  
Address: 6338 Ian Chad Dr. W.  
Jacksonville, FL 32244

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

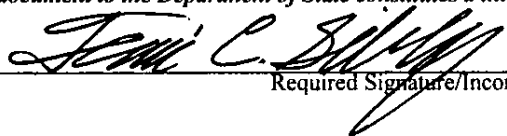
Name: Temia Sibley  
Address: 11874 Fitchwood Cir.  
Jacksonville, FL 32258

*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

6-20-13  
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

6-20-13  
Date