

PA09004189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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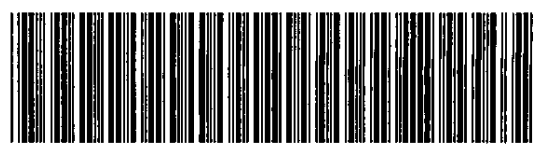
(Business Entity Name)

(Document Number)

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14 FEB -6 AM 7:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Little Owls Daycare, Corp.**

(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: **Rebecca Guerrero**

Name (Printed or typed)

7333 NW 174 Terr., Unit 109

Address

Miam Lakes, FL 33015

City, State & Zip

305-322-2829

Daytime Telephone number

rebecca@littleowlslearningacademy.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 Owls Daycare, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7333 NW 174 Terr, Unit 109

Miami Lakes, FL 33015

Mailing address, if different is:

7333 NW 174 Terr., Unit 109

Miami Lakes, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a daycare service

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ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca Guerrero, President

Address

7333 NW 174 Terr.
#109
Miami Lakes, FL 33015

Name and Title: Jessica Picado, President

Address:

355 NW 153 Ave.
Pembroke Pines, FL 33028

Name and Title: Felix Picado, Vice President

Address

1241 W. Okechobee Rd.
#205
Hialeah Garden, FL 33018

Name and Title: Walter Picado, Treasurer

Address:

355 NW 153 Ave.
Pembroke Pines, FL 33028

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rebecca Guerrero

Address: 7333 NW 174 Terr., #109

Miami Lakes, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Felix A. Picado

Address: 12401 W. Okechobee Rd, #205

Hialeah, FL 33015

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

2/3/2014

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

2/3/2014

Date

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