

P 14000027367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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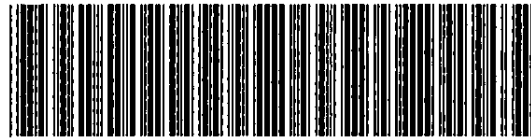
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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1/4

## COVER LETTER

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

SUBJECT: Miss Little's School, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: Luanne P. Freeman  
Name (Printed or typed)

903 NW 7th Court  
Address

Boynton Beach, FL 33426  
City, State & Zip

561-572-8611 or 734-3206  
Daytime Telephone number

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Miss Little's School, Inc.

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CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

201 SW 23rd Avenue

903 NW 7th Court

Boynton Beach, FL 33435

Boynton Beach, FL 33426

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Childcare for ages 2-10 years old  
including Voluntary pre-kindergarten (VPK) for all 4 year olds who  
reside in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Luanne P. Freeman, President

Name and Title: Luanne P. Freeman, treasurer

Address 903 NW 7th Court

Address: 903 NW 7th Court

Boynton Beach, FL 33426

Boynton Beach, FL 33426

Name and Title: Luanne P. Freeman, director

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

Address 903 NW 7th Court

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

Boynton Beach, FL 33426

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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DIVISION OF CORPORATIONS

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**ARTICLE VI REGISTERED AGENT**

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

Name: Luanne P. Freeman

Address: 903 NW 7th Court

Boynton Beach, FL 33426

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luanne P. Freeman

Address: 903 NW 7th Court

Boynton Beach, FL 33426

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 and agree to act in this capacity

Luanne P. Freeman 

Required Signature/Registered Agent

3/20/2014

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.

Luanne P. Freeman 

Required Signature/Incorporator

3/20/2014

Date