

P4000038664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

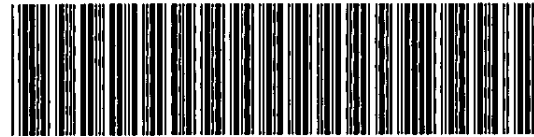
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY - 1 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114-25109

MD 5/2

COVER LETTER

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

SUBJECT: Little Angel 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: Carla Vickers
Name (Printed or typed)

P.O. Box 173

Address

Hastings, FL 32145

City, State & Zip

904-692-2456

Daytime Telephone number

Vickers - Carla @ 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

April 21, 2014

CARLA VICKERS
P.O. BOX 173
HASTINGS, FL 32145

SUBJECT: LITTLE ANGEL LEARNING ACADEMY, INC.
Ref. Number: W14000025109

We have received your document for LITTLE ANGEL LEARNING ACADEMY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 114A00008459

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 Angel Learning Academy, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

517 North Main Street

Hastings FL 32145

Mailing address, if different is:

P.O. BOX 173

Hastings, FL 32145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE DAYCARE SERVICE TO THE
GENERAL PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carla Vickers Pres

Name and Title: _____

Address P.O. BOX 173

Address: _____

Hastings, FL 32145

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FL 32301
SECRETARY OF STATE

(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: Carla Vickers
Address: 517 NORTH MAIN STREET
Hastings, FL 32145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carla Vickers
Address: 517 NORTH MAIN STREET
Hastings, FL 32145

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TALLAHASSEE, FLORIDA

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

Carla Vickers
Required Signature/Registered Agent

4/28/14
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.

Carla Vickers
Required Signature/Incorporator

4/28/14
Date