

AUG/25/2014/MON 12:37 PM

FAX NO.

P. 001/003

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
WONDERWORLD KIDS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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P. 002/003

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

**ARTICLE I NAME**

The name of the corporation shall be: **WONDERWORLD KIDS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**8255 W 18 LANE DR**  
**HIALEAH, FL 33014**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **SHARES: 100**

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

Name and Title: **EDUARDO BECEIRO (P/D)**

Address: **8255 W 18 LANE DR**  
**HIALEAH, FL 33014**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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P. 003/003

(cont.)

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:

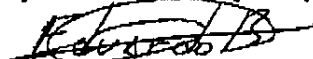
Name: EDUARDO BECEIRO  
Address: 8255 W 18 LANE DR.  
HIALEAH, FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDUARDO BECEIRO  
Address: 8255 W 18 LANE DR.  
HIALEAH, FL 33014

*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*

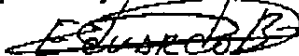


Required Signature/Registered Agent

AUG. 25, 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

AUG. 25, 2014

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA