Electronic Filing Cover Sheet

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(((H150000641163)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

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	MUUI GJA i		 	

FLORIDA PROFIT/NON PROFIT CORPORATION THE LITTLE EINSTEINS ACADEMY Preschool,

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



March 16, 2015

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: THE LITTLE EINSTEINS ACADEMY, INC

REF: W15000018343

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

LITTLE EINSTEIN ACADEMY, INC (P09000032458)

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.

Christine Haney Regulatory Specialist II New Filing Section FAX Aud. #: H15000064116 Letter Number: 515A00005224

MAR 16 PM 3:51

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
Little Einsteins Academy Preschool, I	nc.	
ARTICLE IL PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
1814 SW 22 AVE		
APT-5		
MIAMI FL 33145		
ARTICLE III SHARES: The number of shares of stock is:	·	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		15 MAR
P: Alicia M. Navarro		16
		75.
	- PO-13	ψö
	E. C.	03
	····	
THE COLUMN THE COLUMN THE PROPERTY AND COUNTY AND COUNTY AND DESCRIPTION AND COUNTY	roe.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE The name and Florida street address (PO Box not acceptable) of the registered ag		
Alicia M. Navarro	,	
1814 SW 22 AVE APT-5		
MIAMI FL 33145		
ARTICLE VI_ INCORPORATOR: The name and address of the Incorpora	itor is:	
Alicia M. Navarro		
1814 SW 22 AVE APT-5		
MIAMI FL 33145		

H15000064116

Required Signatures:

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

O3)12/15

Registered Agent 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.