P15000083663

(Requestor's Name)		
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
•		,
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(2		,
/Da	cument Number)	
(DC)	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	





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SECKE DELY OF STATE

15 OCT 12 PH 2: 45

OCT 12 2015 T SCHROEDER

COVER LETTER

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

SUBJECT: SO	(PROPOSED CORPORA	academi	UDE SUFFIX)	
	(PROPOSED CORPORA	TË NAME – <u>MUST INCL</u> I	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Meni She Thom S Name (Printed or typed)				
12dd Blanston SI- Address				
Tall F1. 32503 City, State & Zip				
Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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

10-12-15

I have no

attention of reinstating sprouting kids academy

And release the name

P1400036799

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2015 OCT 12 PM 2: 3:

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

The name of the corporati	on shall be: Sonowing	KiEs aca	demy tro.
	Principal street address		dress, if different is 5 1-
ARTICLE III PURPO	SE e corporation is organized is:	lecome Con	
ARTICLE IV SHARE			SECHE TALLAH
Name and Title:	LOFFICERS AND/OR DIRECTORS LOS Low Thomas	MGM Name and Title:	FILED 12 PH 2: 43 ASSET FLORIDA
Name and Title:	President -		
Address			
Name and Title:		Address:	

Name and Title:	Name and Title:	
Address	Address:	
		
ARTICLE VI REGISTERED A	IGENT	
	ress (P.O. Box NOT acceptable) of the registered agent is:	
Name: Veris	Emant gold	
Address: 1242	Blow Ideas St	
	chissa F1, 32307	SECA
ARTICLE VII INCORPORATO	OR .	TI2
The <u>name and address</u> of the Inco	rporator is:	1.08 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7
Name:	, Jan Mannes, c	
Address: 124	3 Bloms/cm 31-	
Tall	F1. 33303	
ARTICLE VIII EFFECTIVE D		
Effective date, if other than the date (If an affective date is listed, the	te of filing: (OPTIONAL) date must be specific and cannot be more than five business da	ave prior or 90 business
days after the filing.)	trate must be specific and cannot be more than five business ta	tys prior or 50 business
Note: If the date inserted in this b the document's effective date on the	clock does not meet the applicable statutory filing requirements, this he Department of State's records.	s date will not be listed as
	agent to accept service of process for the above stated corporation and accept the appointment as registered agent and agree to act in	
1		10-11-15
Require	ed Signature/Registered Agent	Date
I submit this document and affire	n that the facts stated herein are true. I am aware that the false	information submitted in a
	ate constitutes a third degree felony as provided for in s.817.155, F	
		W-11:00
Required Signature/Inc	corporator	Date