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TAILAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Bundle	es of Joy Learning Center, Inc					
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d a check for:			
\$70.00 Filing Fee	,	\$78.75 Filing Fee & Certified Copy	& Certificate of Status			
		ADDITIONAL COPY REQUIRE				
FROM: _	Limberly Scott Name	e (Printed or typed)				
75	5 E. 43rd St.					
	,	Address				
Ja	cksonville, Fl 32208					
	City, State & Zip					
90	04-768-8883					
	Daytime T	Celephone number				
bı	indlesofjoylearningcenter@gmail.com					
_	E-mail address: (to be use	d for future annual report	notification)			

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

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

The name of the corpora		ter, inc	<u> </u>
ARTICLE II PRINCIPAL OFFICE Principal street address 75 E. 43rd Street Jacksonville, Fl 32208		Mailing a	ddress, if different is:
ARTICLE III PURPO The purpose for which to	OSE the corporation is organized is:		
	· · · · · · · · · · · · · · · · · · ·		(n - maryana
·,			JAN 20
ARTICLE IV SHAR The number of shares of	ES 100 stock is:	· · · · · · · · · · · · · · · · · · ·	PH #: 50 TE. FLORIDA
	AL OFFICERS AND/OR DIRECTORS Kimberly Scott, President		
Name and Titl Address	e:75 E. 43rd St Jacksonville, Fl 32208		

Name and Title	<u> </u>	Name and Title:	
Address		Address:	
			
Name and Title	:	Name and Title:	
Address		Address:	
			

Name ar	nd Title:	Name and Title:		
Address	s	Address:		
	 			
			11, 11, 11	
ARTICLE VI	REGISTERED AGENT			
The name and F	Ilorida street address (P.O. Box NOT acceptable)) of the registered agent is:		
Name:	Kimberly Scott			
Address:	75 E. 43rd St Jacksonville, Fl 32208	₹!		
ridaress.			<u>ට</u> ලකුණ	
		_ 		
ARTICLE VII	INCORPORATOR		0	
The name and a	address of the Incorporator is:		2 11	
	Kimberly Scott		5 5	
Name:	75 E. 43rd St. Jacksonville, Fl 32208	<u> </u>	õ	
Address:	75 E. 4316 St. Sackson Ville, 21 32200	_		
Effective date, is	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL)	or 00 business	
days after the f	• • • • • • • • • • • • • • • • • • •	not be more than live business days prior	or yo business	
	e inserted in this block does not meet the applicate effective date on the Department of State's record		l not be listed as	
this certificate, l	med as registered agent to accept service of proc am familiar with and accept the appointment as			
Kimbled Scott Required Signature/Registered Agent		1/18/2016	1/18/2016	
	Required Signature/Registered Agent		Date	
I submit this do	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe		ion submitted in a	
Kink	Devin Scott	1/18/2016	5	
Requ	aired Signature/Incorporator		Date	

. * - :