

MAY/18/2016 WED 03:29 PM

P. 001

5/18/2016

P16000043100

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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16 MAY 18 AM 10:45
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TALLAHASSEE FLORIDA

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16 MAY 18 PM 4:23
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FLORIDA PROFIT/NON PROFIT CORPORATION
CHILDREN'S PARADISE LEARNING CENTER #5 INC

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

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FAX No.

P. 002

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16 MAY 18 AM 10:45

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: CHILDREN'S PARADISE LEARNING CENTER #5 INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16233 NW 86 CT

MIAMI LAKES, FL 33016

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONAIKY MIRANDA (F) 100%

Name and Title:

Address: 16233 NW 86 CT

Address:

MIAMI LAKES, FL 33016

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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: JONAIKY MIRANDA
Address: 16233 NW 86 CT
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JONAIKY MIRANDA
Address: 16233 NW 86 CT
MIAMI LAKES, FL 33016

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TALLAHASSEE FLORIDA

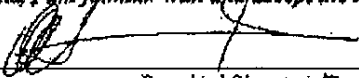
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/17/2016

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

05/17/2016

Date