

**P16000047330**

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**\*\*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  
SWEET ANGELS ACADEMY #4 CORP.**

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

**744  
5/31/16****RECEIVED****16 MAY 27 PM 3:40****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****SECRETARY OF STATE  
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**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: SWEET ANGELS ACADEMY #4 CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3265 NW 14 TERR

MIAMI, FL 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any activity or business permitted under the laws of the  
United States and under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Maria Castellon, Director

Name and Title: \_\_\_\_\_

Address: 3265 NW 14 TERR

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

MIAMI, FL 33125

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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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: Howard L. Kuker  
Address: 9200 S. Dadeland Blvd., Suite 508  
Miami, Florida 33156

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Veronica Hernandez  
Address: 9200 S. Dadeland Blvd., Suite 508  
Miami, Florida 33156

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**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*

Howard L. Kuker  
Required Signature/Registered Agent

5/27/16  
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 §817.155, F.S.*

Veronica Hernandez  
Required Signature/Incorporator

5/27/16  
Date

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