

P17000036046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

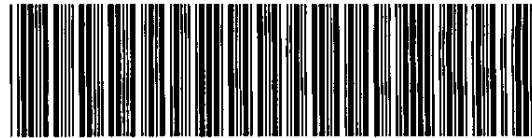
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/07/17--01009--007 **105.00

W71
31400

FILED
17 APR 20 AM 11:06
CLERK OF STATE
ALABAMA, 10000

T. BURCH
APR 20 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: GREAT LEARNING EXPERIENCE DAY CARE INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ALBERTO PEREZ

Contact Person

STAR TAX SERVICES INC.

Firm/Company

4296 PALM AVE.

Address

HIALEAH, FL 33012

City, State and Zip Code

STARTAXSERV@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO PEREZ at (305) 556-2707
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

ALBERTO PEREZ
STAR TAX SERVICES INC.
4296 PALM AVE
HIALEAH, FL 33012

SUBJECT: GREAT LEARNING EXPERIENCE DAY CARE INC
Ref. Number: W17000031400

We have received your document for GREAT LEARNING EXPERIENCE DAY CARE INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Tim Burch
Regulatory Specialist III

Letter Number: 617A00006968

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

GREAT LEARNING EXPERIENCE DAY CARE LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on DECEMBER 14, 2015

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

GREAT LEARNING EXPERIENCE DAY CARE INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2017

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

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NOTARIAL PUBLIC
STATE OF FLORIDA

Signed this 24 day of FEBRUARY, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: MARIA L NICIEZA Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: MARIA L NICIEZA Title: MGR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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ALABAMA SECRETARY OF STATE

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner: _____

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners. _____

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative. _____

All others:

Signature of an authorized person. _____

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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: GREAT LEARNING EXPERIENCE DAY CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

200 PARK ST.

MIAMI SPRINGS, FL 33166

Mailing address, if different is:

126 E 47TH STREET

HIALEAH, FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA L NICIEZA PRESIDENT

Address: 126 E 47TH STREET

HIALEAH, FL 33013

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JANUARY 2017

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIA L NICIEZA
Address: 126 E 47TH STREET
HIALEAH, FL 33013

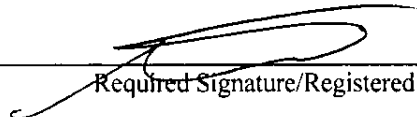
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARIA L NICIEZA
Address: 126 E 47TH STREET
HIALEAH, FL 33013

FILED
17 APR 20 AM 11:06
CLERK OF DISTRICT COURT
JANUARY 1, 2017

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

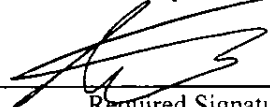


Required Signature/Registered Agent

02/24/2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

02/24/2017

Date