

P19000090015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

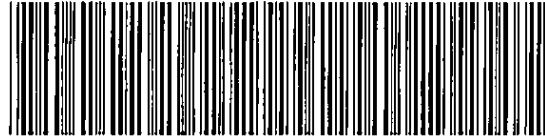
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FL

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DEC 9 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KIDS ACADEMY LEARNING CENTER

EGLAN, INC.

Signature _____

Requested by: SETH

12/06/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

172 Ponder's Printing • Thomasville, GA 30084

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

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

SUBJECT: KIDS ACADEMY LEARNING CENTER EGLAN , INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ARLEEN DAVILA

Name (Printed or typed)

12701 S JOHN YOUNG PKWY SUITE 215

Address

ORLANDO FL 32837

City, State & Zip

407-641-0810

Daytime Telephone number

arleendavila@gmail.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: KIDS ACADEMY LEARNING CENTER EGLAN , INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1019 GRACE AVE
HAINES CITY , FL 33844

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VIRGEN DEL CARMEN INVESTMENT USA INC^P

Address: 930 LILY AVE
HAINES CITY , FL 33844

Name and Title: MARISA CIERI - VP

Address: 296 JAMES CIR
LAKE ALFRED, FL 33850

Name and Title: IRIS PADILLA - DIRECTOR

Address: 321 LAKE VILLA WAY
HAINES CITY , FL 33844

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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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: IRIS PADILLA
Address: 321 LAKE VILLA WAY
HAINES CITY, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARLEEN DAVILA - ADV ACCOUNTING & TAX SERVICES, LLC
Address: 12701 S JOHN YOUNG PKWY SUITE 215
ORLANDO FL 32837

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/01/2019 (OPTIONAL)

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

Iris Padilla
Required Signature/Registered Agent

12/4/19
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.

Arleen Davila
Required Signature/Incorporator

12/4/19
Date