

2/4/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Center Sheet**P20000040199680****Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**To:**Division of Corporations
Fax Number : (850)617-6381**From:**Account Name : FASTKIT CORP
Account Number : I201000000089
Phone : (305)599-0839
Fax Number : (305)592-9591****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
KIDDO'S COVE PRESCHOOL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

K. PAGE

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: KIDDO'S COVE PRESCHOOL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
3009 SW 1ST PL, CAPE CORAL, FL 33914Mailing address, if different is:
SAME ADDRESS**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: DAY CARE AND PRESCHOOL**ARTICLE IV SHARES**The number of shares of stock is: 100 PER VALUE \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BIANKA MARQUEZ

Address:

3009 SW 1ST PLCAPE CORAL, FL 33914DIRECTOR 50%Name and Title: ENRIQUE MARQUEZ

Address:

3009 SW 1ST PLCAPE CORAL, FL 33914VICE DIRECTOR 50%

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BIANKA MARQUEZ
Address: 3009 SW 1ST PL
CAPE CORAL, FL 33914

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: BIANKA MARQUEZ
Address: 3009 SW 1ST PL
CAPE CORAL, FL 33914

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 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

Bianca Marquez
Required Signature/Registered Agent

1/25/20
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to this Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bianca Marquez
Required Signature/Incorporator

1/25/20
Date

SECRETARY OF STATE
TAMARA HASSLER, FL

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