P22000003230

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000017985 3)))

H22000017985ABC1

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
YOLY & LYA'S FAMILY HOME CHILDCARE CORP.

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

2022 JAN 13 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JAN 13 AM 1:16

FILED

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Yoly & Lya's Family Home Childcare Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

450 N.W 130 ave.
Miami, FL 33182

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lyanne Marialys Santana
(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Lyanne Marialys Santana
450 NW 130 Ave
miami, Fl 33182

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Lyanne Marialys Santana
450 NW 130 Ave
miami, Fl 33182

FILED
2021 JAN 13 AM 1:16
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Required Signatures:

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

Registered Agent — Date: 01/13/22

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.

Incorporator — Date: 01/13/22

FILED
2021 JAN 13 AM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA