

**P22000023608**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : WF TAXES AND MORE INC.  
Account Number : 120200000043  
Phone : (772)879-0010  
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Email Address: WFTAXES.MORE@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LITTLE TURTLES FAMILY DAYCARE FL INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

**S. CHATHAM**  
MAR 31 2022

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## COVER LETTER

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

**SUBJECT:** LITTLE TURTLES FAMILY DAYCARE FL 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 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** WALTER GOMEZ

Name (Printed or typed)

508 SW PORT SAINT LUCIE BLVD

Address

PORT SAINT LUCIE, FL 34953

City, State & Zip

772-879-0010

Daytime Telephone number

WFTAXES.MORE@GMAIL.COM

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

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**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: LITTLE TURTLES FAMILY DAYCARE FL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1031 SW BAYSHORE BLVD  
PORT SAINT LUCIE, FL 34983

Mailing address, if different is:

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: JULIA ARGUELLES, PRESIDENT

Name and Title:

Address 1031 SW BAYSHORE BLVD  
PORT SAINT LUCIE, FL 34983

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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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: JULIA ARGUELLES  
 Address: 1031 SW BAYSHORE BLVD  
PORT SAINT LUCIE, FL 34983

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WALTER GOMEZ  
 Address: 508 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34953

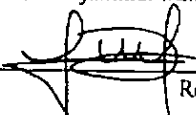
**ARTICLE VIII EFFECTIVE DATE:**

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.)

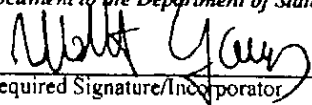
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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:*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

03/30/2022  
 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.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

03/30/2022  
 Date