

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32306

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-01/07/97--01165--023
****131.25 ****131.25

SUBJECT: FAMILY MONTESSORI LEARNING CENTER INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Lisa O'Berry
Name (printed or typed)

11910 NW 29th Manor
Address

Sunrise Florida 33323
City, State & Zip

(954) 486-8475
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 JAN -7 PM 3:56

FILED

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FAMILY MONTESSORI LEARNING CENTER INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11910 N.W. 29th Manor
Sunrise Fl. 33323

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares of Common stock having \$1.00 per-Value
per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lisa O'Berry
11910 N.W. 29th Manor
Sunrise Fl. 33323

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lisa O'Berry
Director

11910 N.W. 29th Manor
Sunrise Fl. 33323

Officer

Lisa O'Berry
Pres.

Address Same

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6 day of January, 1997.

(An additional article must be added if an effective date is requested.)

Lisa O'Berry
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the corporation is: FAMILY MONTESSORI LEARNING CENTER INC.

2. The name and address of the registered agent and office is:

Lisa O'Berry PRES.
(NAME)
11910 N.W. 29th Manor
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Sunrise Florida 33323
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

January 6, 1997

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314