AZARUS CORPORATE FILING SE	RVICE, INC.	65,	
(Requestor's Name) 320 S.W. 87th AVENUE			
(Address) IAMI, FLORIDA (305)552-	5973		
(City, State, Zip) (Pho	ne #)		
OCAL REPRESENTATIVE TALLAR	ASSEE	OFFICE USE ONLY	
ORPORATION NAME(S) & 1	DOCUMENT NUM	[BER(S) (if known):	
	INC.		
(Corporation Name)		(Document #)	
(Corporation Name)		(Document #)	
(Corporation Name)		(Document #)	
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(Corporation Name)	96	(Document #) 3000 Certified Copy -	022597653
Walk in Pick up time	O	-the Certified Copy -	*****122.50 *****122.5
Mail out Will wait	Photocopy	Certificate of Stat	us -
NEW FILINGS	AMEND	MENTS	98 TAI
X Profit	Amendment		98 JUL 27 SECRETAR
NonProfit		R.A., Officer/Director	TAR 27
. Limited Liability		istered Agent	7 PH SEE F
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Other	Merger		
	REGISTRAT	TON	Nº 5
OTHER FILNGS	QUALIFICAT		
Annual Report	Foreign		
Fictitious Name			SECRETARY OF STATE ALLAHASSEE FLORIDA
Name Reservation	Limited Partne	ership / /	

Other

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 24, 1998

LAZARUS

MIAMI, FL

SUBJECT: KIDZONE, INC. Ref. Number: W98000016922

We have received your document for KIDZONE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway Document Specialist

Letter Number: 798A00039294

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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:

KIDZONE VILLAGE, INC.

ARTICLE II PRINCIPAL OFFICE

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

5783 S.W. 40 Street #158 MIAMI, FL. 33155

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HILDA G. ENRIQUEZ 5783 S.W. 40 Street #158 MIAMI, FL. 33155

SECRETARY (TALLAHASSEE	70L 80	⁻ . ⁻	. .
OF STATE E FLORIDA	PM 4: 08	ŝ	· ·

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ARTICLE V INCORPORATOR(S)

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

HILDA G. ENRIQUEZ 5783 S.W. 40th STreet #158 MIAMI, FL. 33155

ARTICLE VI DIRECTOR(S)

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

HILDA G. ENRIQUEZ /PRESIDENT / V.P. / TREASURER 5783 S.W. 40th Street #158 MIAMI, FL. 33155

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _______, 19_98_.

Signature

. . .

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: <u>KIDZONE_VILLAGE</u>, INC.
- 2. The name and address of the registered agent and office is:

 HILDA G. ENRIQUEZ (NAME)		ч
5783 S.W. 40 Street		. <u>.</u>
 (P.O. BOX <u>NOT</u> ACCEPTABLE)	-	
 MIAMI, FL. 33155		•
(CITY/STATE/ZIP)		

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 Chig	98 SEC	·
DATE JULY 20, 1998	IUL 27 RETARY AHASSE	
	PH 4:09 OF STATE E FLORIDA	

REGISTERED AGENT FILING FEE: \$35.00