## TRANSMITTAL LETTER 19000007399

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

100002743531--5 -01/21/39--01058--007 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ABC	LEARN WITH	ME CENTER	2 INC.	0125			
Enclosed is an original and	(Proposed corpor	ate name - must include suffix es of incorporation and a c	check for :	14N2 PH12: 25			
□ \$70.00 ☑ Filing Fee Fili	\$78.75 ing Fee Certificate of Status	<b>□\$</b> 78.75	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
FROM: Mas Paula M. Mantiner 2  Name (Printed or typed)							
2100 SW 143 PL Address  MIAM' FL 33175  City, State & Zip							
	305- 207	7230 Elephone number					

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

ARTICLES OF INCORPORATION	ŗ
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	DIVISIONE TARY ED  99 JAN 21 PM 12: 25
ARTICLE I NAME	PM PMIONS
The name of the corporation shall be:	7/2:25
ABC. LEARN WITH ME CENTER INC.	
ARTICLE II PRINCIPAL OFFICE	. <del></del>
The principal place of business and mailing address of this corporation shall be:	
2100 SW 143 PLACE	
MIAMI FL 33175	
ARTICLE III SHARES	<u></u>
The number of shares of stock that this corporation is authorized to have outstanding a	at any one time is:
600 Shares (Six hundred shares) AT	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR	REŜŜ
The name and Florida street address of the initial registered agent are:	<del></del>
MRS PAULA M. MANTINEZ	
2100 SW 143 PLACE MIAMI FL 33175	71 411 3 <del>-</del>
ARTICLE V INCORPORATOR	. =
The name and address of the incorporator to these Articles of Incorporation are:	•
MRS PAULA M. MANTINEZ 2100 SW 143 PL	MIAM! EL 3317
Mes CECILIA GONZALEZ 8864 SW 27 ST MI	IAMI FL 33165
Meg Cloudy Goldans	
x Facelary Upartices 1/17/9	9-
Signature/incorporator I	Date
and the second s	

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

Having been named as registered agent and to acc this certificate, I hereby accept the appointment as the provisions of all statutes relating to the proper	registered agent and age	ree to act in th	is cap	pacity. I further agree to	comply with
obligations of my position as registered agent			/ /	[	a accept inc
K Paula Uf Want	ico: _		17	195 —	
Signature/Registered Agent	d	T	- 1	Date	