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

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		DEBORAHS	LITTLE	LEADERS	_
Re:	1	OF	TOMORRO	<u> </u>	, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing Fees and the Fee for Registered Agent Designation for the above named corporation.

Yours truly,

DEBORAHS LITTLE LEADERS OF TOMORROW, INC.

(Name of Corporation)

(Individual's Name)

99 FEB 25 PM 1:00
SECHE ARY OF STATE
ALL ANASSEE, FLORIDA

July of

ARTICLES OF INCORPORATION

of

DEBORAHS LITTLE LEADERS OF TOMORROW, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

DEBORAHS LITTLE LEADERS OF TOMORROW,

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue _____shares of common stock, par value \$ _____per share

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		•	·	· –
	1434 NORTH F	PINE HILLS	ROAD	
CITY	ORLANDO		FLORIDA	ZIP 32808
Mailing addres	s, if different		,	
STREET ADDRESS				
CITY		_	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	DEBORAH SIMS		
ADDRESS	1434 NORTH PINE HILLS ROAD		
CITY	ORLANDO	FLORIDA	ZIP 32808

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	three	_(3) directors	initially. The num	ber of directors may	y be
either increased or diminished from time to	time by the	e By-L	aws, bu	at shall never	be less than one (1). The names and	
addresses of the initial director(s) of the co	rporation ar	e as fo	llows:				

NAME	CHELSEY WARREN				
ADDRESS	2424 SILVER CHASE DRIVE	APT. 4	1		
CITY	ORLANDO	STATE	FLORIDA	ZIP	32808
NAME	SHAMESICA WARREN			·	·
ADDRESS	5232 LONG ROAD APT. F				· · · · · · · · · · · · · · · · · · ·
CITY	ORLANDO	STATE	FLORIDA	ZIP	32808
NAME	DEBORAH SIMS	·			
ADDRESS	4802 RED WILLOW AVENUE				
CITY	ORLANDO	STATE	FLORIDA	ZIP	32808

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	CHELSEY WARREN				
ADDRESS	2424 SILVER CHASE DRIVE	APT. 4	•		
CITY	ORLANDO	STATE	FLORIDA	ZIP	32808
NAME	SHAMESICA WARREN				<u></u> .
ADDRESS	5232 LONG ROAD APT. F				
CITY	ORLANDO	STATE	FLORIDA	ZIP .	32808
NAME	DEBORAH SIMS		,		
ADDRESS	4802 RED WILLOW AVENUE				
CITY	ORLANDO ,	STATE	FLORIDA	ZIP	32808

NameLica Walle (Signature)

Cholsey Warren (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



DEBORAHS LITTLE LEADERS OF TOMORROW, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation

at 143	4 NORTH PINE HILLS ROAD			- •		
ORL	ANDO, FLORIDA 32808			<u> </u>		
has named	DEBORAH SIMS			_		
located at the	e aforesaid address, as its registered ager	nt to accept ser	vice of pr	ocess w	ithin tl	his
etate						

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)

(Date)