**Division of Corporations** 

Page 1 of 2



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000009229 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 

To:

Division of Corporations

Fax Number : (850) 922=4001

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : I19990000017

Phone

: (305)385-1120

Fax Number

: (305)559-7477

## FLORIDA PROFIT CORPORATION OR P.A.

## KUMON WEST KENDALL, INC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

B. McKnight APR 2 0 1999

## H99.000009229 8

### ARTICLES OF INCORPORATION

OF

## KUMON WEST KENDALL, INC

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

### ARTICLE I

The name of this corporation shall be:

### KUMON WEST KENDALL, INC

### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, VIZ:

CLARA BEREIZ 4080 SW 84 AVE. HIAHI EL 33155 305 1120

# H99000009229 8.

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name: KUMON WEST KENDALL, INC

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

### **ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

> **MARIELA REBAZA** 15960 SW 79 TE MIAMI, FL 33193

The principal office shall be:

2450 SW 137 AVE SUITE 233 MIAMI, FL 33175

## H99000009229 8

### **ARTICLE VI**

The initial Board of Directors shall consist of a total of THREE (03) person, and the name and address of the person who is to serve as an initial director is:

MARIELA REBAZA 15960 SW 79 TE MIAMI, FL 33193

34%

KIRSY HENRIQUEZ HUXFORD 10501 SW 161 AVE MIAMI, FL 33196

33%

**VICTORIA REBAZA** 15960 SW 79 TE MIAMI, FL 33193

33%

**SECRETARY** 

The name and address of the incorporator executing these Articles of Incorporation is:

> **CLARA BERRIZ** 4080 SW 84 AVE SUITE C MIAMI, FL 33155

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 20 day of APRIL, 1999

# H99000009229 8

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision 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:

### KUMON WEST KENDALL, INC

2. The Name and Address of the registered agent and office is

99 APR 20 PM 1: 37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

### MARIELA REBAZA 15960 SW 79 TE MIAMI, FL 33193

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: APRIL 20 , 1999