Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) 200002831682-4 -04/07/99--01015--001 \*\*\*\*\*87.50 \*\*\*\*\*87.50 (Corporation Name) (Corporation Name) (Document #) Walk in Pick up time Certified Copy\_ ☐ Mail out ☐ Will wait ☐ Certificate of Status NEW FILINGS AMENDMENTS ..... Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials

## TRANSMITTAL LETTER

Department of State

Division of Corporati	ons	•	=-	
P. O. Box 6327 Tallahassee, FL 3231	14			
SUBJECT:	Curlys's Kids Day (Proposed corpor	Care Inc. ate name - must include suf		<b>.</b> 2
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a	check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	Mrs. Miriam Cres Name (Pr	po & Alejandro ( rinted or typed)	<u>Crespō</u>	* ** ** ***
	12730 SW 18th S	treet	- <u></u> -	
	MIAMI, FLORIDA 3 City,	33175 State & Zip	· <del></del>  	
	(305) 551-6902	elenhone number	<u></u>	

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



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 12, 1999

MIRIAM CRESPO & ALEJANDRO CRESPO 12730 SW 18TH STREET MIAMI, FL 33175

SUBJECT: CURLY'S KIDS DAY CARE INC.

Ref. Number: W99000008613

We have received your document for CURLY'S KIDS DAY CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

ONLY ONE PERSON CAN BE THE REGISTERED AGENT AND THAT PERSON HAS TO SIGN.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist

Letter Number: 099A00018307

DEPART TENT OF STATE DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

99 APR 28 AMII: 39

RECEIVED

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ADTICIES	OF INCORPOR	ATION
MILLED	OL HICOM ON	

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

99 APR 28 PM 1:53
SECRETARY OF STATI

## ARTICLE I NAME

The name of the corporation shall be:

Curly's Kids Day Care Inc.

## ARTICLE II PRINCIPAL OFFICE

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

12730 SW 18th Street Miami, Florida 33175

#### ARTICLE III SHARES

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

500 \$1.00 dollar par share

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Miriam Crespo

12730 SW 18th Street, Miami, Florida 33175

The name and address of the incorporator to these Articles of Incorporation are:

Miriam Crespo 12730 SW 18th Street, MIAMI, Florida 33175

aces .

4-25-99

Signature/Incorporator

Date

# 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.

The name of the corporation is:	CURLY'S KIDS DAY CARE INC.
The name and address of the regis	stered agent and office is:
MIRIAM CRE	
AN)	ME)
12730 SW 181	TH STREET
(P.O. BOX <u>NOT</u>	ACCEPTABLE)
мтамт Бт 5	33175
	rate/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.

114 5

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SIGNATURE \* UZ

REGISTERED AGENT FILING FEE: \$35.00