

TRANSMITTAL LETTER

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

SUBJECT: KIDS KORNER LEARNING CENTER, Inc.
(Proposed corporate name - must include suffix)

100002896761--9
-06/07/99--01123--010
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KIDS KORNER LEARNING Center
Name (Printed or typed)

4895 S. STATE Rd 7
Address

DAVIE, FL 33314
City, State & Zip

954-316-1249
Daytime Telephone number

FILED
99 JUN -7 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6/10/99
Mme

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

KIDS KORNER LEARNING Center Inc.

ARTICLE II PRINCIPAL OFFICE

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

4895 S. STATE Rd 7
DAVIE, FL 33314

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


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

VENTURA RUIZ
832 NE 26th St Wilton Manors, FL 33305

ARTICLE V INCORPORATOR

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

GLADY S. RUIZ - 7790 NW 38 ST DAVIE, FL 33314
MARIA Ann VIOLA 7790 NW 38 ST DAVIE, FL 33314


Signature/Incorporator

5/28/99
Date

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

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/Registered Agent

5/28/99
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA