

TRANSMITTAL LETTER

P99000074972

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

SUBJECT: ALL My children LEARNING CENTER INC.
(Proposed corporate name - must include suffix)

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: PAULA M. MARTINEZ
Name (Printed or typed)

2100 SW 143 PL
Address

MIAMI FL 33175
City, State & Zip

305- 778-3604
Daytime Telephone number

500002962065--0
-08/17/99--01047--009
*****87.50 *****87.50

FILED
99 AUG 17 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8/23/99
mm

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: ALL MY CHILDREN LEARNING CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

2100 SW 143 PL MIAMI FL 33175.

ARTICLE III SHARES

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

TOTAL OF (600-SHARES) PAULA M. MARTINEZ (300 SHARES)
NILDA SMITH (300 SHARES).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAULA M. MARTINEZ - 2100 SW 143 PL MIAMI FL 33175.

ARTICLE V INCORPORATOR

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

PAULA M. MARTINEZ 2100 SW 143 PL MIAMI FL 33175
NILDA SMITH 13856 SW 41 TERR MIAMI FL 33175

x Nilda Smith

Signature/Incorporator

8/13/99

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

x Paula Martinez

Signature/Registered Agent

8/13/99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA