

P10000008708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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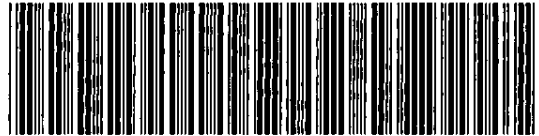
(Business Entity Name)

(Document Number)

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10 JAN 28 AM 11:02

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B McKnight JAN 29 2010

COVER LETTER

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

SUBJECT: LOVECHILD Development and Transition Partners Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Daphne Bromfield

Name (Printed or typed)

715 sw 148th ave ^{suite, 613} #613 DB

Address

Davie, Florida 33325

City, State & Zip

954-670-3422

Daytime Telephone number

dmarie10@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LOVECHILD Development and Transition

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

715 SW 148th Ave, Suite 613, Davie, FL 33325

Partners,
corp.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Education sector specialty areas are: Learning disabilities, secondary education, ADD, ADHD, Autism spectrum and support group facilitation.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Daphne Bromfield, President, CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Daphne Bromfield
715 SW 148th Ave, Suite 613
Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daphne Bromfield
715 SW 148th Ave, Suite 613
Davie, FL 33325

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Daphne Bromfield
Signature/Registered Agent

Daphne Bromfield
Signature/Incorporator

1/19/10
Date

1/19/10
Date