

PO2000134262

FILED
SECRETARY OF STATE
TOLSON
02 DEC 20 AM 12:37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JWS
D. WHITE DEC 26 2002

Office Use Only



000009518300

12/20/02--01052--001 **87.50

TRANSMITTAL LETTER

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

SUBJECT: The Ark Learning Center, Inc.
(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 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: Julie L. Castro
Name (Printed or typed)

147 Tradewinds Circle
Address

S. Daytona, FL 32119
City, State & Zip

386 - 316 - 7544
Daytime Telephone number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 20 AM 12: 37

ARTICLES OF INCORPORATION

OF

THE ARK LEARNING CENTER, INC.

THE UNDERSIGNED, acting as incorporator of the professional service corporation ("Corporation") being formed in the State of Florida certifies as follows:

1. **Name.** The name of Corporation is **THE ARK LEARNING CENTER, INC.**
2. **Purpose.** Corporation is formed for the following purposes:
 - a. To engage in the specific business of childcare services in the State of Florida.
3. **Address.** The mailing address/office of Corporation is to be located at 147 Tradewinds Circle, South Daytona, FL 32119. The childcare center location is to be located at 801 North Halifax Avenue, Daytona Beach, FL 32118.
4. **Capital Stock.** The aggregate number of common shares that Corporation shall have authority to issue is One Hundred (100) Common Shares, which shares are to have a par value of One Dollar (\$1.00) per share.
5. **Names of Shareholders.** The name, residence, _____ the individual who is to be original shareholders, Directors, and officers of Corporations are:

Name:	Julie L. Castro
Address:	147 Tradewinds Circle South Daytona, FL 32119

6. **Registered Agent.** The following person is designated as the agent of Corporation upon whom process against it may be served:

Julie L. Castro
147 Tradewinds Circle
South Daytona, FL 32119

7. **Incorporator.** The following person(s) is designated as the incorporator(s):

Julie L. Castro
147 Tradewinds Circle
South Daytona, FL 32119

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 20 AM 12:37

IN WITNESS WHEREOF, we have made, subscribed, and acknowledged this Certificate this
12th day of December, 2002.

Julie L. Castro
JULIE L. CASTRO
Incorporator

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 12th day of
December, 2002, by Julie L. Castro, who is personally known by me X or who
has produced _____ as identification _____ and who did not take an
oath.

Heather A. Eland
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

Heather A. Eland
Print Name of Notary Public
My Commission Expires:



ACCEPTANCE BY REGISTERED AGENT

Having been named to accept services of process for the above-named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of Chapter 48.091, Florida Statutes, relative to keeping open said office for services of process.

Dated this 12th day of December, 2002.

Julie L. Castro
Julie L. Castro
Registered Agent