

~~P180000~~ 96254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

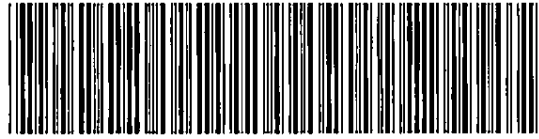
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2018 NOV 27 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Pride and Joy Development 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: Charlie H. Harris Jr
Name (Printed or typed)

405 So. Shelton St
Address

Quincy FL 32351
City, State & Zip

850-875-1212
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2016 NOV 27 PM 2:34

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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: Pride And Joy Child Development Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

405 50 Shelton St
Quincy FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Child Day care

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pres. Charlie Harris - JR Name and Title: _____

Address 405 50 Shelton Address: _____
Quincy FL 32351

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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STATE OF FLORIDA
SECRETARY OF STATE

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Charlie Harris JR
 Address: 405 shelter st
Quincy FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charlie Harris JR
 Address: 405 50 shelter st
Quincy, FL 32351

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: NOV 27 2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Charlie Harris JR
 Required Signature/Registered Agent

NOV 27 18
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Charlie Harris JR
 Required Signature/Incorporator

NOV 27 18
 Date