P99000044733

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

Tallahassee, FL 32314				•
	DAY C	ARE		
SUBJECT: 7.	- Z - C - Z - (Proposed corp	nc.		46 G 7 16
	(Proposed corpo	orate name - must include suf	fix)	
		80	00002775 -02/15/991 *****78.75	.8285 01125-014 *****78.75
Enclosed is an original a	and one(1) copy of the artic	les of incorporation and a	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
•		ADDITIONAL CO	PY REQUIRED	
FROM: And	toinette G Name (Printe	arrity ed or typed)		
.68	78 Ramoth Addi	ess ,		3
Jac	CKsouville City, Stat	F/a. 322; e & Zip	26	FIL 1999 MAY I SECRETAR JALLAHASI
<i>\</i>	904-251-93 Daytime Telep	26 hone number	· · · · · · · · · · · · · · · · · · ·	7 PM 3: 47
				=



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 17, 1999

ANTOINETTE GARRITY 6878 RAMOTH DR. JACKSONVILLE, FL 32226

SUBJECT: T.L.C. INC.

Ref. Number: W99000003976

We have received your document for T.L.C. INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Letter Number: 199A00007082

Randall Purintun Document Specialist

FILED
1999 MAY 17 PM 3: 47

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE 1 NAME

The name of the corporation shall be:

TLC DAY CARE, INC.

ARTICLE II PRINCIPAL OFFICER

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

57 College Drive, Orange Park, Florida 32065

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Antoinette Garrity
6878 Ramoth Drive
Jacksonville, Florida 32226

ARTICLE V INCORPORATOR(S)

The name(s) and street address(s) of the incorporator(s) to these Article of Incorporation is(are):

Antoinette Garrity 6878 Ramoth Drive Jacksonville, Florida 32226

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this	
10th day of February	
(An additional article must be added if an effective date is requested.)	
Antoinette Sant	:-···.
Signature ()	
Signature	
Signature	-

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation shall is:TLC_DAY CARE, INC	
2.	The name and address of the registered agent and office is:	
	ANTOINETTE GARRITY (Name)	
	<u>6878 Ramoth Drive</u> (P.O. Box or Mail drop Box <u>NOT</u> Acceptable)	F 1999 NAY
	Jackonville, Florida 32226 (City, State/Zip)	17 NRY O. SSEE.
		PH 3: 47

Having been named as registered agent and to accept service of process for the above state 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 positions as registered agent.

HNT senction (Signature)

5-10-99 (Date)