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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : T20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

A DREAM COME TRUE CHILDCARE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
OF
A DREAM COME TRUE CHILDCARE INC.

The undersigned subscriber to these Articles of Incorporation under Sub Chapter S, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation is: **A DREAM COME TRUE CHILDCARE INC.**

The principal place of business and mailing address of this corporation is :
3900 AVENUE O, FT. PIERCE, FL 34947

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in any business activity permitted under the laws of the United States and the State of Florida.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares of common stock with no par value per share.

ARTICLE IV - TERM OF EXISTENCE

The existence of the corporation shall commence on the date of filing, and shall be perpetual.

ARTICLE V - OFFICERS DIRECTORS

The name and street address of the initial officer and director, who shall hold office for the corporation are:

PRESIDENT:

**AMANDA B. DAVIS
3900 AVENUE O
FT. PIERCE, FL 34947**

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ARTICLE VI - INCORPORATOR

The name and street address of the incorporation to this article of incorporation is:

**AMANDA B. DAVIS
3900 AVENUE O
FT. PIERCE, FL 34947**

WHEREOF, the undersigned incorporator has executed these ARTICLES OF INCORPORATION this 21 day of August, 2003.

Signature of Incorporator

Amanda Davis

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

~~THE FOREGOING~~ instrument was acknowledged and sworn to by Amanda Davis before me this 21 day of August, 2003.

**JAMES E. CHILDS
Notary Public, State of Florida
My comm. exp. Sept. 3, 2004
Comm. No. CC 900000**

(SEAL)

James E. Childs
Notary Public

**ARTICLES OF INCORPORATION FILING FEE: \$35.00
REGISTERED AGENT FILING FEE: \$35.00
CERTIFIED COPY REQUESTED: \$8.75**

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 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 is: **A DREAM COME TRUE CHILDCARE INC.**
2. The name and address of the registered agent and office is:

AMANDA B. DAVIS
3900 AVENUE O
FT. PIERCE, FL 34947

Amanda Davis
Corporate Officer
President
Title
August 21, 2003
Date

HAVE BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Amanda Davis
Registered Agent

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