

NO1000005284

TRANSMITTAL LETTER

FILED

01 JUL 25 PM 1:27

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: JayCare Child Developmental Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000004495710--8
-07/25/01--01072--007
*****87.50 *****87.50

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Joyce D. McGRIFF
Name (Printed or typed)

4990 Nesmith Road
Address

Plant City, FL 33567
City, State & Zip

(813) 650-0319
Daytime Telephone number

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

Joyce McGRIFF G.S.E.
AUTHORIZATION BY PHONE TO
CORRECT ARTICLES
DATE 7-26
DOC. EXAM CD

C. BLALOCK JUL 2 2001

In Compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be:

ARTICLE I NAME
The name of the corporation shall be: JayCare Child Developmental Center, Inc.

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

4611 Horton Road, Plant City, FL 33567

The purpose for which the corporation is organized is:

To provide Child Care Services for Community

The manner in which the directors are elected or appointed:

Elected as Stated in by laws

The name and addresses:

Joyce D. McGRiff Tzeporaw Fiahadel
4990 Nesmith Road " " " " " "
Plant City, FL 33567 Terri Sale S
102 S Gibbs St Plant City FL
33565

The name and Florida street address of the registered agent is:

JOYCE D. MCGRIFF
4990 Nesmith Road
Plant City, FL 33567

The name and address of the Incorporator is:

Joyce D. McGRIFF
4990 Nesmith Road
Plant City, FL 33567

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.

Signature/Registered Agent

Signature/Incorporator

Date _____

Date _____

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STATE
TALLAHASSEE, FLORIDA