

TRANSMITTAL LETTER

N0200006012

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

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-08/08/02--01023--001

****113.85 *****78.75

SUBJECT: Little Treat Day Care, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

+35.00

☒ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Little Treat Day Care, Inc.
Name (Printed or typed)

P.O. BOX 443
Address

Clowiston, FL 33440
City, State & Zip

863-983-6079
Daytime Telephone number

FILED
02 AUG -8 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Little Treat Day Care, Inc.
506 E. Obispo Street
Clewiston, Fl. 33440
(863) 983-6079



Department of State,

I Sharon Ligon has know intention of revolting the dissolution on Little Treat Day Care,
Inc. P0LOOOO 8443.

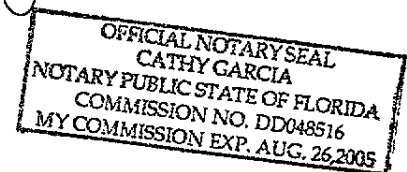
I give consent to Sharon Ligon to use the name Little Treat Day Care, Inc.

Thank You

Sharon Ligon

SIGNED BEFORE ME
THIS 6TH OF AUG, 2002
BY SHARON E LIGON
FL DL SHOWN

[Signature]



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Little Treat Day Care, Inc.

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02 AUG -8 AM 11:23

ARTICLE II PRINCIPAL OFFICE

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

506 E. Obispo Street, Clewiston Fl. 33440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Day Care Center

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Qualification in Child Care
Director Credential

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

mae Lawrence - Director
1276 1st. Street
Belle Glade Fl. 33430

Mikia McKee - Director - S
1032 Arkansas Ave
Clewiston, Fl. 33440
Sharon Ligon - Director/Officer
1032 Arkansas Ave. / P.O. Box 443
Clewiston, Fl. 33440

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sharon Ligon
P.O. Box 443 / 1032 Arkansas Ave
Clewiston, Fl. 33440

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon Ligon
P.O. Box 443 / 1032 Arkansas Ave
Clewiston, Fl. 33440

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.

Sharon Ligon
Signature/Registered Agent

Aug 5, 2002
Date

Sharon Ligon
Signature/Incorporator

Aug 5, 2002
Date