

N03000009302

(Requestor's Name)

President - Louise Reaves
6502 North 34th Street Tampa, Florida 33610

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

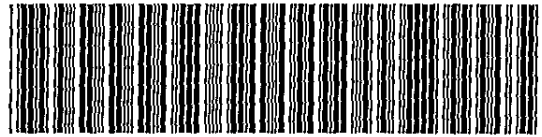
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

CFJD-27

TRANSMITAL LETTER

Department Of State
Division Of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

September 27, 2003

Subject: Reaves Family Day Care Center

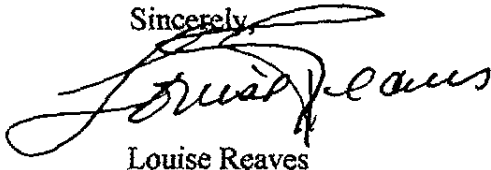
Enclosed please find an original and one (2) copy of Articles of Incorporation and a check for:

Filing fee	\$35.00
Registered Agent	\$35.00
Certificate Of Status	\$ 8.75
Certified Copy	<u>\$ 8.75</u>
	\$ 87.50

From: Louise Reaves

Thank you for your speedy process your attention to this matter has been greatly appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "Louise Reaves", written over a horizontal line.

Louise Reaves

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Certificate of Non-Profit Article of Incorporation
Of
Reaves Family Day Care Inc.
A not for Profit Corporation**

The undersigned incorporator (s). For the purpose of forming a corporation Pursuant to Chapter 617 Florida Statutes under the **Florida Not for Profit Corporation Act**, hereby adopt (s) and shall set forth:

Article 1

The name of the corporation is: Reaves Family Day Care Inc.

Article 2

The principal place of business and mailing address of Office of the Florida Corporation is: 6502 North 34th Street Tampa, Florida 33610

Article 3

The specific purpose (s) for which the corporation is organized exclusively for charitable, educational, religious or scientific purposes, within the meaning of section 501 (c) (3) of the Internal Revenue Code (or any corresponding section of any future federal tax code.)

Article 4

The manner in which Director (s) are elected or appointed will be by holding a meeting set fourth by the officers and Board of Directors of the Corporation. Who shall by the majority of vote elect or appoint at such time and for such term as provided in accordance to corporate by-laws.

Article 5

The name and Florida street address of the initial registered agent is: Nilda Lopez
10114 North Ashley Street Tampa, Florida 33612

Article 6

The name and address of the Incorporator(s) to these Articles of Incorporation are:

President – Louise Reaves

6502 North 34th Street Tampa, Florida 33610

Vice-President – Arnold D. Reaves

6502 North 34th Street Tampa, Florida 33610

Secretary Treasurer – Yolanda D. Reeves

6276 Southlane Forest Drive Stone Mountain Georgia 30087

Article 7

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustee, directors, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of section 501 (c) (3) purposes. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

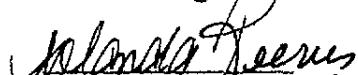
Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code (or corresponding section of any future federal tax code) or (b) by a corporation contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code (or corresponding section of any future tax code.)

Article 8

Upon dissolution of this corporation assets shall be distributed for one or more exempt purposes with the meaning of Section 501 (c) (3) of the Internal Revenue Code, i.e. charitable, educational, religious or distributed for a public purpose.

The undersigned incorporator (s) has (have) executed these Article of Incorporation this 16 day of Oct 2003.


President Signature


Witness Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Designation of Registered
Agent/Registered Office

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation organized under the laws of the State of Florida. Summits the following statement in Designating the Registered Office/Registered Agent, In the State of Florida.

1. The name of the corporation is: Reaves Family Day Care Inc.
2. The name and address of the registered agent and office is:
Nilda Lopez
10114 North Ashley Street Tampa, Florida 33612

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


Registered Agent Signature

9/28/03
Date