## N04000008667

(Red	questor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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## TRANSMITTAL LETTER

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

	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
losed is an original a	nd one(1) copy of the Art	icles of Incorporation and a	a check for :
<b>☑</b> \$70.00 Filing Fee	☐ \$78.75 Filing Fee &	□\$78.75 Filing Fee	☐ \$87.50 Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Walter R. Jenkins, Jr.	rinted or typed)	_ : ·

P.O. Box 24574

(863) 944-7864

Lakeland, Fla 33805

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

Address

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

1.4

Signature/Incorporator

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

, , an Company of the	- 12. ( - 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
ARTICLE I NAME	. The second of
The name of the corporation shall be:	
City of Refuge Day Care, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corp	poration shall be:
1102 N. Ruth Ave.	
P.O. Box 24574 Lakeland, Fla 33805	
ARTICLE III PURPOSE	and the second s
The purpose for which the corporation is organized is:	
To provide a faith-based child care facility for infants through 5 and drop ins. It will also provide day camps during summer me	
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:	
by the leadership of the parent organization (City of Refuge Chadiverse group of church members, community leaders, busines the board will consist of at least three (3) members and not to e	s partners, and educational proteges. The make up of
ARTICLE V INITIAL DIRECTORS AND/OR OFFICE List name(s), address(es) and specific title(s):	ERS
Walter R. Jenkins, Jr. 743 Cedar Knoll Dr. N., Lakeland, Fl, 338 Donna S. Jenkins, 743 Cedar Knoll Dr. N., Lakeland, Fl 33809, Sandra Weldon, 3416 Doreen Rd., Lakeland, Fl 33810, Facility	Director
	<b>0</b> B
ARTICLE VI INITIAL REGISTERED AGENT AND The name and Florida street address (P.O. Box NOT accept	
Walter R. Jenkins, Jr.	
743 Cedar Knoll Dr. N. Lakeland, Fl 33809	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:  City of Refuge Day Care	
1102 N. Ruth Ave.	
Lakeland, FI 33805	
*************	************
Having been named as registered agent to accept service of process for	the above stated corporation at the place designated
n this certificate I am familiar with and accept the appointment as reg	usterea agent and agree to act in this capacity.
Mc mons &	8/27/04
Signature/Registered Agent	Date

8/27/04

Date