N11000002930

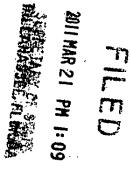
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500198732105

03/21/11--01032--017 **87.50





COVER LETTER

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

SUBJECT: 6	CEEN ACTES CH (PROPOSED CORPORAT	ildcare Cen ENAME-MUSTINCL	ter Inc.		
Enclosed is an original	and one (1) copy of the Artic	eles of Incorporation and	d 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		
ŧ		ADDITIONAL CO	OPY REQUIRED		
FROM:	Name (Pri 9110 102 rd Ac Largo FL 3 City, Si 727-36	Ave , U , Idress 3777 tate & Zip 33-8352 ephone number	- (.am	2011 MAR 21 PM 1: 09	TILED

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the o	<u>NAME</u> corporation shall be: Green Acre	s Childcare Ce	nter Inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address 9110 102-04 Ave 11 Largo PL 33777		Mailing address, if different is:
ARTICLE III	PURPOSE		
The purpose for GreenAcuill practice hildren in th	which the corporation is organized is: exes will be a childcare for year of the school are greening of the school are practices in our comments of the many comments of the c	acility that is entered and provide health and give them the nunity. The in which the directors are elected.	rvironmentally friendly ny snacks. We will involv thols and knowledge t ed and appointed: They are appointed
ARTICLE V	INITIAL OFFICERS AND/OR DIRE		J 11
	Title: Robertf Beyer- President	Name and Title:	
Name and T Address:	TRINITY, F1 34655	TREAS: Name and Title:Address:	
Name and T Address:	Title: ERIK R BEYER V. P. 1410 CHANDLER AVE CLEARWATER, FL 337.	Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.Q. Box NOT acceptab	le) of the registered agent is:	. .
Name: Address:	Robertf. Beyer 1117 ALANGEWKE ST. TRINITY, FI 34655		MAR 2
ARTICLE VII	INCORPORATOR	-	
	dress of the Incorporator is:		a si e m
Name:	KOBERTE. BEYER		9 - O
Address:	TRINITY, FI 34655		09
Having been nam certificate, I am fa	ned as registered agent to accept service of p miliar with and accept the appointment as reg	rocess for the above stated corpistered agent and agree to act in	poration at the place designated in this this capacity
$\mathcal{L}_{\mathbf{a}}$	lan + · Bener		3-15-11
	Required Signature of Registered Age	nt	3-15-11 Date
submit this docu the Department	ment and affirm that the facts stated herein a of State constitutes a third degree felony as pr	re true. I am aware that any falsovided for in s.817.155, F.S.	se information submitted in a document
Kol	len + Day		3-1571
,	Required Signature of Incorpora	itor	Date