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(Requestor's Name) (Address) (Address)	700214367727
(City/State/Zip/Phone #)	11/28/1101020008 **87.50
Certified Copies Certificates of Status Special Instructions to Filing Officer: Genell Mills GAVE AUTHORIZATION BY FHONE TO CONRECT Areticle II - Odd OCRECT Areticle II - Odd DATE DATE DATE DATE	FILED DIVISION OF CORPORATIONS 11 NOV 28 PM 2: 09
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# SUBJECT: Boo Boo & Yogi Child Care Center, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

S70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy

S87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Valerie Sharp

Name (Printed or typed)

785 Oakleaf Plantation Pkwy. Unit 1633

Address

Orange Park FL 32065 City, State & Zip

904-502-8699

785 Oakier runber

valsharp1@yahoo.com E-mail address: (to be used for future annual report notification)

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

## ARTICLES OF INCORPORATION

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 NOV 28 PM 2: 09

ARTICLE I NAME BOO BOO & Yogi Child Care Center, Inc. The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFTICE

Mailing address, if different is:

same

Principal <u>street</u> address 785 Oakleaf Plantation Pkwy Unit 1633 Orange Park El 32085

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To develop Early Childhood/Family Support Community Centers. (Parents will receive assistance and support with parenting skills, job placement, family financial support, etc.

### ARTICLE IV MANNER OF ELECTION The manner in which the directory are elected and appointed:

Name and T	itle: Valer Sharp, President	Name and Title:
Address:	785 Oakleaf Plantation Pkwy	Address:
	<u>Unit 1633</u>	
	Orange Park FL 32065	
Name and T	itle: Darrell Sharp, Vice President	Name and Title:
Address:	785 Oakleaf Plantation Pkwy	Address:
	Unit 1633	
	Orange Park FL 32065	
Name and T	itle: Sharolyn W. Price - Ser reta	Name and Title:
Address:	10711 Lawsonia Links Dr.	Address:
	JAX FL 32222	
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
Name:	Genell M. Mills	
Address:	<u>1181 Emily's Walk Ln</u>	
	Jax FL 32221	

The name and address of the Incorporator is:

Name: <u>Valerie Sharp</u> Address: <u>785 Oakleaf Plantation Pkwy</u> Unit 1633 Otange Park FL 32065

Having been named at 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

Required Signature of Registered Agent

Nov 21 2011

I submit this document and affirm that the facts stated herein are true. I am aware that any faise information submitted in a document to the Department of State constitutes or third degree felony as provided for in \$817.155, F.S.

Required Signature of Incorporator

110V. 21, 2011 Date 1