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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: CANDYHOUSE DAYCARE&LEARNING CENTER INC at large  
(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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Channing McQueen  
Name (Printed or typed)

1079 Seminole Ave  
Address

Jacksonville Florida 32254  
City, State & Zip

(904) 713-7474  
Daytime Telephone number

mcqueenchanning@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)

**ARTICLE I NAME**

The name of the corporation shall be: **CANDYHOUSE DAYCARE&LEARNING CENTER INC at large**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1079 Seminole Ave  
Jacksonville, Florida 32254

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to make the entire community more responsive to the needs and interest of the low-income by mobilizing available resources and bring about a greater learning Institution. To plan and develop other schools and make sure the kids get tutorial services and other needed services.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

By majority of all voting membership of the coporation

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Channing McQueen/ Director  
Address: 1079 Seminole Ave  
Jacksonville, Florida 32254

Name and Title: Anson Holmes/Treasury/  
Address: east 19th street  
Jacksonville, Florida 32206

Name and Title: Linda Lampkin/Secretary  
Address: 1171 S. Lane AVE  
Jacksonville, Florida 32254

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Channing McQueen  
Address: 1079 Seminole Ave  
Jacksonville, Florida 32254

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Channing McQueen  
Address: 1079 Seminole AVE  
Jacksonville Florida 32254

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

Channing McQueen

Required Signature of Registered Agent

1-25-2012  
Date

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

Channing McQueen

Required Signature of Incorporator

1-25-2012  
Date

FILED  
12 JAN 30 PM 2:2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA