(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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Special Instructions to Filing Officer:			
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COVER LETTER

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

S & M Child Care Solutions INC
(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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED FROM: Mary B. Cummings Name (Printed or typed) 9028 Hawkeye Drive Address Jacksonville, Florida 32221 City, State & Zip 904 781 9921 9028 Havkaytingive lephone number mary-bbb@live.com E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2012

MARY B. CUMMINGS 9028 HAWKEYE DRIVE JACKSONVILLE, FL 32221

SUBJECT: S & M CHILD CARE SOLUTIONS INC

Ref. Number: W12000008937

We have received your document for S & M CHILD CARE SOLUTIONS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 912A00007013

12 FFB 22 PM L: 10



January 31, 2012

MARY B. CUMMINGS 9028 HAWKEYE DR. JACKSONVILLE, FL 32221

SUBJECT: S & M CHILD CARE SOLUTIONS

Ref. Number: W12000005872

We have received your document for S & M CHILD CARE SOLUTIONS and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 312A00003309

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ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME S & M Child Care Solution shall be:	ons INC	~FILED SECRETARY OF STAT DIVISION OF CORPORAT
ARTICLE II	PRINCIPAL OFFICE		A COULT OF GUATURAL
	Principal street address		Mailing address 27 (in 1886) PM 4: 1
	9028 Hawkeye Drive		
	Jacksonville, FL 32221		
ARTICLE III	PURPOSE		
	thich the corporation is organized is:		
• •	narity is organized exclusively for charita	able and ec	ducational numbers, more enecifically
	ually to disadvantage individuals who n		
	overs all cost associated with enrollmer		
ARTICLE IV	MANNER OF RLECTION The manner in wh	hich the director	rs are elected and appointed:
	ction of new directors or election of current directors to a seco		• •
corporation. Director	s will be elected by a majority vote of the current directors. INITIAL OFFICERS AND/OR DIRECTORS	e e	-
			e: Director Carol L Cummings
Address:		Address:	9028 Hawkeye Drive
	Jacksonville. FL 32221		Jacksonville, FL 32221
Name and T	itle: Director Connie Taylor	Name and Titl	e: Director Debra Rease
Address:		Address:	2559 Kohn Road
	Jacksonville, FL 32210		Jacksonville, FL 32210
Nome and T	itle: Treasurer Tracy Taylor	Name and Titl	e: Trustee Wendy Moore
Address:		Address:	2559 Kohn Road
Audiças.	Jacksonville, FL 32210	riddioss.	Jacksonville, FL 32210
	 		
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of th	ie registered agi	ent is:
Name:	Mary B Cummings		
Address:	9028 Hawkeye Drive		
	Jacksonville, FL 32221		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Mary B Cummings		
Address:	9028 Hawkeve Drive		
	Jacksonville, FL 32221		
certificate. I am fai	ed as registered agent to accept service of process miliar with and accept the appointment as registered	agent and agr	
ma	y B. Cummer Required Signature of Registered Agent		2 - 8 - 2012
1' ja	Required Signature of Registered Agent	<u> </u>	Date
,	Acquired organization registered Agent	•	
	ment and affirm that the facts stated herein are true of State constitutes a third degree felony as provided		
	y B. Cumment		
111ar	4 D. Cumment)	2 - 8 - 2012

Date

Required Signature of Incorporator