

N 13000002975

(Requestor's Name)

(Address)

(Address)

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DIVISION OF CORPORATIONS
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3/28/13

COVER LETTER

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

SUBJECT: Babygators Daycare, 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
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: Glenn D Pace, Jr
Name (Printed or typed)

P.O. Box 5- 515 Webb Rd.
Address

Copeland, Florida, 34137
City, State & Zip

239-289-1447
Daytime Telephone number

babygators1234@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Babygators Daycare, Inc.

ARTICLE II PRINCIPAL OFFICE

13 MAR 27 PM 2: 23

Principal street address:
417 School Drive

Everglades City, Florida

Mailing address, if different is:
P.O. Box 319

Everglades City, Florida 34139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Babygators, Inc. was organized exclusively for educational purposes. Specifically, Babygators goal is to create child centered, individualized, developmentally appropriate programs serving preschool children and their families with an emphasis on play, as it is through play that young children learn.

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

The method of election is contained in the corporation's bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|--|
| Name and Title: <u>Glenn D Pace, Jr. President</u> | Name and Title: <u>Andrew Beck, Vice President</u> |
|--|--|

| | |
|--------------------------------|--|
| Address: <u>P.O. Box 5</u> | Address: <u>P.O. Box 15</u> |
| <u>Copeland, Florida 34137</u> | <u>Everglades City , Florida 34139</u> |

| | |
|---|-----------------------|
| Name and Title: <u>Donna Pace, Secretary; Treasurer</u> | Name and Title: _____ |
|---|-----------------------|

| | |
|--------------------------------|----------------|
| Address: <u>P.O. Box 5</u> | Address: _____ |
| <u>Copeland, Florida 34137</u> | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
|-----------------------|-----------------------|

| | |
|----------------|----------------|
| Address: _____ | Address: _____ |
|----------------|----------------|

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Donna Pace

Address: 515 Webb Road
Copeland, Florida 34137

ARTICLE VII INCORPORATOR

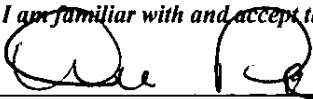
The **name and address** of the Incorporator is:

Name: Glenn D Pace Jr.

Address: 515 Webb Road
Copeland, Florida 34137

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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




Required Signature of Registered Agent

3-20-13

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.



Required Signature of Incorporator

3-20-13

Date