

NI3000005641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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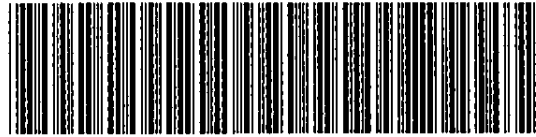
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

368

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W13-13873

COVER LETTER

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

SUBJECT: Creative Solution Childcare Services

(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: Rosa J Lawson

Name (Printed or typed)

4613 N Universit Drive 334

Address

Coral Springs, FL 33067

City, State & Zip

954-857-4892

Daytime Telephone number

gjlawson44@gmail.com /

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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



Law Offices of LEVI WILLIAMS, P.A.

June 15, 2013

VIA MAIL & FAX (850-245-6804)

Department of State
Division of Corporations
Attn: Diane/J. Fason
P.O. Box 6327
Tallahassee, FL 32314
P: (850) 245-6052

Ref. #: W13000013893
Issue: Initial Corporate Filing for Creative Solution Childcare Services, Inc.
Letter Nos.: 613A00005637 and 913A00012277

Diane:

I thank you for taking my call last Friday for the benefit of my client. Contrary to our discussions and our belief, we had not yet delivered to your Division our client's signed original of its Not for Profit Articles of Incorporation with the changes required pursuant to the referenced letter numbers in this matter. Please find enclosed/attached herewith an original (being mailed) of our client's Articles of Incorporation containing:

- (1) a corporation designation pursuant to Article I, "Inc."; and
- (2) a proper purpose statement pursuant to Article III:

The Corporation is being formed as a not for profit for the purposes of providing childcare services and not-for-profit fundraising to support this purpose and any and all such other activities permitted under the applicable law (s) and/or the laws of Florida

No additional fees are enclosed as same was not required pursuant to the two (2) letters issued in this matter and enclosed herewith for your convenience.

We request that if the enclosures/attachments herewith/hereto meet with your Division's approval and are found responsive and compliant to the letters of correction issued that same be expedited and the originally requested and paid for Certified Copy and Certificate be issued *post haste*. In the interim, we again thank you for your most gracious and professional courtesies in this matter. Be well my friend.

Sincerely,


Levi Williams, Esq.

Counsel for Creative Solution Childcare Services, Inc.

Miami - Dade
Of Counsel to Arrastia, Capote & Phang, LLP
Brickell Bayview Centre, Suite 2310
80 S.W. 8th Street Miami, FL 33130

Ft. Lauderdale - Broward
12 S.E. 7th Street, Suite 700
Fort Lauderdale, Florida 33301-2802



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2013

ROSA J LAWSON
4613 N UNIVERSITY DR #334
CORAL SPRINGS, FL 33067

SUBJECT: CREATIVE SOLUTION CHILDCARE SERVICES
Ref. Number: W13000013893

We have received your document for CREATIVE SOLUTION CHILDCARE SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 613A00005637

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

ARTICLE I NAME

The name of the corporation shall be: Creative Solution Childcare Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4613 N. University Drive., #334

Coral Springs, FL 33067

Mailing address, if different is:
4613 N. University Drive., #334

Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is being formed as a not for profit for the purposes of providing childcare services and not-for-profit fundraising to support this purpose and any and all such other activities permitted under the applicable law(s) and/or the laws of Florida

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Volunteer basis and then a majority vote by the Board on each new applicant will be taken

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosa J. Lawson, Ed.D. PD
Address: 12011 NW 31st Drive
Coral Springs, FL 33065

Name and Title: Charles West, CD
Address: 4515 North State Road 7
Lauderdale Lakes, FL 33319

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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13 JUN 17 PM 4:24
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____


ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Rosa J. Lawson, Ed.D.Address: 12011 NW 31st DriveCoral Springs, FL 33067**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Rosa J. Lawson, Ed.D.Address: 12011 NW 31st DriveCoral Springs, FL 33067

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 Agent6/10/2013
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 Incorporator6/10/2013
DateFILED
13 JUN 17 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA