

714 000000 5555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

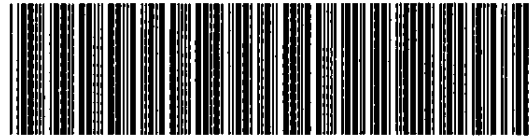
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B 714000003/200

B 6/12/14



700260110677

05/13/14--01020--005 **87.50

14 JUN - 6 PM 5:00

RECEIVED
DIVISION OF REVENUE
JUN 13 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2014

SHANNON PORTER
126 ENCLAVE AVENUE
DELAND, FL 32724

SUBJECT: MS. FRANKIE'S CHILD DEVELOPMENT CENTER
Ref. Number: W14000031200

We have received your document for MS. FRANKIE'S CHILD DEVELOPMENT CENTER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 014A00010637

RECEIVED

JUN 16 2014 10:36

FLA
TALLAHASSEE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: MS. FRANKIE CHILD DEVELOPMENT CENTER INCORPORATED
(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: Shannon Porter
Name (Printed or typed)

126 Enclave Avenue
Address

DeLand, Florida 32724
City, State & Zip

(407) 416-1915
Daytime Telephone number

msfrankiecdc@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: MS. FRANKIE CHILD DEVELOPMENT CENTER INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
126 Enclave Avenue Deland, Florida 32724

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing high quality childcare at no cost to teen mothers and families living in poverty, so that they can get an education and obtain meaningful employment. As a result the parents will ultimately no longer be living in poverty and become educated, confident, and self-reliant members of society.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors will be elected with a majority vote of its member's.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shannon Porter President of the Board
Address: 126 Enclave Avenue Deland, Florida 32724

Name and Title: Dr. Willie C. Bruce Officer
Address: 126 Enclave Avenue Deland, Florida 32724

Name and Title: Sharon Davis Officer
Address: 126 Enclave Avenue Deland, Florida 32724

Name and Title: Rodney Adams Officer
Address: 126 Enclave Avenue Deland, Florida 32724

Name and Title: Dr Marian Y. Talley Officer
Address: 126 Enclave Avenue Deland, Florida 32724

Name and Title: _____
Address: _____

14 JUN - 6 PM 5:00
RECEIVED
DIVISION OF CORPORATE AFFAIRS

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: Shannon Porter

Address: 126 Enclave Avenue

Deland, Florida 32724

14 JUN - 6 PM 5:00
RECEIVED
DIVISION OF REVENUE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shannon Porter

Address: 126 Enclave Avenue

Deland, Florida 32724

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

Shannon Porter
Required Signature of Registered Agent

06/02/2014

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.

Shannon Porter
Required Signature of Incorporator

06/02/2014

Date