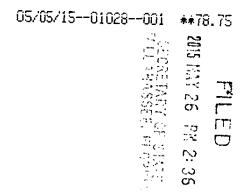
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COVER LETTER

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

SUBJECT: D&S CHR	ISTIAN FAMILY DAY CARE I	•		
-	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed is an original a	and one (1) copy of the Artic	les 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 CO	PY REQUIRED	
				
FROM: MARIE C. DEMERVILLE		(Printed or typed)	-	
	1360 NE 204 TER			
		Address	-	
	MIAMI, FL 33179			
	City, State & Zip			

(305) 651-0765

DEMERVILLE05@YAHOO.COM

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

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

Daytime Telephone number

D & S CHRISTIAN FAMILY DAY CARE HOME, INC.

1360 NE 204 TER MIAMI, FL 33179 (305) 651-0765 DEMERVILLE05@YAHOO,COM

May 1, 2015

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

RE: D & S Christian family Day Care Home, Inc.

Document number: P12000024434

To Whom It May Concern:

I, Marie C. Demerville, the director of D & S Christian Family Day Care Home, Inc. am writing on behalf of all officers of the corporation to announce the change of status of the above business name from profit to non-profit. The dissolution is already filed online. Therefore, I would like for the business name to become available effective immediately in order to file the non-profit articles of incorporation.

The articles of incorporation for the non-profit, payment, and confirmation of the dissolution are attached.

Thank you for your immediate attention to this matter.

Sincerely,

Marie C. Demerville



May 11, 2015

MARIE DEMERVILLE 1360 NE 204 TERR MIAMI, FL 33179

SUBJECT: D & S CHRISTIAN FAMILY DAY CARE HOME, INC.

Ref. Number: W15000033282

We have received your document for D & S CHRISTIAN FAMILY DAY CARE HOME, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

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.

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Letter Number: 515A00009849

ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE		
1360	Principal <u>street</u> address: ONE 204 TER	Mailing addre	ss, if different is:
MIA	MI, FL 33179	MIAMI, FL 33179	
ARTICLE III The purpose for SERVICES	PURPOSE Or which the corporation is organized AND TO TRANSACT ANY AND A	is:TO PROVIDE CHARITABLE, EDUCA LLL LAWFUL BUSINESS FOR WHICH A C	TIONAL, AND RELIGIOUS
ORGANIZE	O UNDER THE LAW OF THE STAT	TE OF FLORIDA.	**************************************
			as: 2
			<u> </u>
ARTICLE IV	MANNER OF ELECTION The	manner in which the directors are elected and a	appointed: IN THE BYLAWS
ARTICLE IV	~		appointed: IN THE BYLAWS
	INITIAL OFFICERS AND/OR D		appointed:
ARTICLE V	INITIAL OFFICERS AND/OR D	IRECTORS	appointed:
ARTICLE V Name and Title	INITIAL OFFICERS AND/OR D. de:MARIE C. DEMERVILLE	IRECTORS Name and Title:	appointed:
ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DE de: MARIE C. DEMERVILLE D	IRECTORS Name and Title:	appointed:
ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DE MARIE C. DEMERVILLE D 1360 NE 204 TER MIAMI, FL 33179 GREGORY ALIGUSTIN	IRECTORS Name and Title:	appointed:
ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DE D 1360 NE 204 TER MIAMI, FL 33179 GREGORY AUGUSTIN AD	Name and Title: Address: Name and Title:	appointed:
ARTICLE V Name and Titl Address Name and Titl	INITIAL OFFICERS AND/OR DE D 1360 NE 204 TER MIAMI, FL 33179 GREGORY AUGUSTIN AD	Name and Title: Address: Name and Title:	appointed:
ARTICLE V Name and Titl Address Name and Titl	INITIAL OFFICERS AND/OR D. MARIE C. DEMERVILLE D 1360 NE 204 TER MIAMI, FL 33179 GREGORY AUGUSTIN AD	Name and Title: Address: Name and Title:	appointed:
ARTICLE V Name and Titl Address Name and Titl Address	INITIAL OFFICERS AND/OR D. MARIE C. DEMERVILLE D 1360 NE 204 TER MIAMI, FL 33179 GREGORY AUGUSTIN AD 1360 NE 204 TER MIAMI, FL 33179	Name and Title: Address: Name and Title:	appointed:

Name and Title:		Name and Title:
Address	. '	Address:
-	 	
Name and Title:		Name and Title:
Address		Address:
-		
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT	accentable) of the registered agent is:
Name:	MARIE C. DEMERV	•
Address:	1360 NE 204 TER	
	MIAMI, FL 33179	
		
	INCORPORATOR address of the Incorporator is:	
Name:	MARIE C. DEMERV	TLLE
Address: 1360 NE 20	1360 NE 204 TER	
	MIAMI, FL 33179	
	EFFECTIVE DATE:	UPWA APPROVAL OF THE SICRETARY OF STATE
Effective date, i (If an effective after the filing.	date is listed, the date must be specifi	. (OPTIONAL) fic and cannot be more than five business days prior or 90 business days
	te inserted in this block does not meet the ctive date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the s records.
		rvice of process for the above stated corporation at the place designated in this nent as registered agent and agree to act in this capacity
	HM	05/19/2015
	Required Signature of Regist	stered Agent Date
	cument and affirm that the facts stated ent of State constitutes a third degree fel	I herein are true. I am aware that any false information submitted in a document clony as provided for in s.817.155, F.S.
•	HUM	05/19/2015
	Required Signature of I	Incorporator Date