

115000010179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

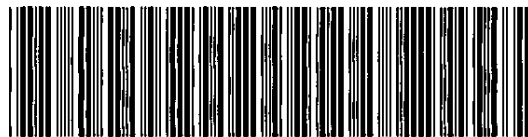
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AND  
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15 OCT 19 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2015 OCT 19 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 19 2015

S. GILBERT

## COVER LETTER

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

**SUBJECT:** Kidco of America Childcare Consultant 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:** Valerie Stewart  
\_\_\_\_\_  
Name (Printed or typed)

P. O. Box 180673  
\_\_\_\_\_  
Address

Tallahassee, Florida 32318  
\_\_\_\_\_  
City, State & Zip

850. 339. 7512  
\_\_\_\_\_  
Daytime Telephone number

valeriestewart967@gmail.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)

APPROVED  
AND  
FILED

## ARTICLE I NAME

The name of the corporation shall be: Kidco of America Childcare Consultant Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
2749 Tharpe Street

Tallahassee, Florida 32312

Mailing address, if different is:  
P. O. Box 180673

Tallahassee, Florida 32318

15 OCT 19 PM 4:16

SECRET  
STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide technical assistance to childcare providers along with youth activities for the youth in the community. -

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Open Election

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valerie Stewart (P.) Name and Title: \_\_\_\_\_

Address P. O. Box 180673 Address: \_\_\_\_\_  
Tallahassee, Florida 32312

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Valerie Stewart  
Address: 2749 Tharpe Street  
Tallahassee, Florida 32312

**ARTICLE VII INCORPORATOR**

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

Name: Valerie Stewart  
Address: P.O. Box 180673  
Tallahassee, Florida

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Valerie Stewart  
Required Signature of Registered Agent

10 - 16 - 2015  
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.*

Valerie Stewart  
Required Signature of Incorporator

10 - 16 - 2015  
Date