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SECRETARY OF STATE
DIVISION OF CORPORATION
18-AUG-17 PM 4:06
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PLAY
Q Sense of Play 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: Erin Fine
Name (Printed or typed)

2608 SW Willowood Cir.
Address

Palm City, FL 34990
City, State & Zip

772-324-0317
Daytime Telephone number

erinifine@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)

ARTICLE I NAME

The name of the corporation shall be: A Sense of ^{PLAY} Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2608 SW Willowood Cir
Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide access to playtherapy to "high-risk" and developmentally delayed children, as well as a multi-therapy center with supplemental educational materials for families and children to take home.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erin Fine - President

Address: 2608 SW Willowood Cir.

Palm City, FL 34990

Name and Title: Roshini Lakram - manager

Address: 3562 Seminole Rd

Ft Pierce, FL 34951

Name and Title: Nicole Ortiz-Oakes - ~~Director~~ Director

Address: 5023 SW Martin Commons

Way

Palm City, FL 34990

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 17 PM 4:06

CLERK
SECRETARY OF STATE
DIVISION OF CORPORATION

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: Erin Fine

Address: 2408 SW Willowood Cir

Palm City, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erin Fine

Address: 2408 SW Willowood Cir

Palm City, FL 34990

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 days prior or 90 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

Required Signature of Registered Agent

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

5/16/18

Date

5/16/18

Date

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 17 PM 4:05
TALLAHASSEE, FLORIDA