

N2000002786

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M SIMMONS

MAR 12 2020

COVER LETTER

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

SUBJECT: Tiny Hearts Child Care 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: _____
Name (Printed or typed)

3607 N. Monroe St. #180281
Address

Tallahassee, FL 32303
City, State & Zip

(850) 459-8909
Daytime Telephone number

tunisia.moore@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: Tiny Hearts Child Care Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3607 N. Monroe St. #180281
Tallahassee, FL 32303

Mailing address, if different is:

3607 N. Monroe St. #180281
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation
is to provide a safe, secure, quality and loving
environment for children, staff, parents, family and friends.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As state
in Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lakisha Wyche President Name and Title: Tunisia Moore Vice President

Address: 3607 N. Monroe St. #180281 Address: 3607 N. Monroe St. #180281
Tallahassee, FL 32303 Tallahassee, FL 32303

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: Lakisha Wyche

Address: 3607 N. Monroe St. #180281
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tunisia Moore

Address: 3607 N. Monroe St. #180281
Tallahassee, FL 32303

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.

Lakisha Wyche

Required Signature of Registered Agent

3/12/20

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.

Tunisia Moore

Required Signature of Incorporator

3/12/20

Date