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TRANSMITTAL LETTER

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

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-02/07/00--01115--005
*****78.75 *****78.75

cc

SUBJECT: Kinderdance, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -7 AM 9:39

FILED

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Walter
Name (Printed or typed)

21029 N. W. 55th Avenue
Address

Lawtey, Florida 32058
City, State & Zip

(904) 964-3356
Daytime Telephone number

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

413856

ENCLOSURE

FEB 14 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Kinderdance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 21029 N. W. 55th Avenue
Lawtey, FL 32058

ARTICLE III SHARES


The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Barbara Walter
21029 N. W. 55th Avenue
Lawtey, FL 32058

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Barbara Walter
21029 N. W. 55th Avenue
Lawtey, FL 32058



Signature/Incorporator / REG AGENT

2/2/2000

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -7 AM 9:39

FILED