

# P00000045873

## TRANSMITTAL LETTER

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

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-05/04/00--01048--001  
\*\*\*\*\*78.78 \*\*\*\*\*78.78

### SUBJECT:

FLOWERS CHILD CARE CENTER INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:  
\_\_\_\_\_ \$78.75 \_\_\_\_\_

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee  
Certified Copy  
& Certificate

### ADDITIONAL COPY REQUIRED

### FROM:

Lynette A. Farrell  
87 Silver Beach Road  
Riviera Beach, Florida 33404  
  
Phone 561-840-9217

FILED  
00 MAY -4 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

### 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.*

5-9-00  
2

ARTICLE I NAME

The name of the corporation shall be:

FLOWERS CHILD CARE CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

87 Silver Beach Road, Riviera Beach, Florida 33404

ARTICLE III SHARES

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

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lynette A. Farrell

87 Silver Beach Road

Riviera Beach, Florida 33404

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lynette A. Farrell

87 Silver Beach Road

Riviera Beach, Florida 33404

*Lynette Farrell*  
Signature/Incorporator

Date, April 27, 2000

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

*Having been named as registered agent and to accept service of process of 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.*

*Lynette Farrell*  
Signature/Registered Agent

Date, April 28, 2000

FILED  
00 MAY -4 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA