

P00000073553
TRANSMITTAL LETTER

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

FILED
2000 AUG -2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003344585--4
-08/03/00--01002--007
*****70.00 *****70.00

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: _____

FROM:

CD & Associates, Inc.

101-A Edwards Road - Starke, FL 32091
(904) 964-8335 - Fax: (904) 964-8532

Tax Returns - Small Business Bookkeeping - Tax Consultation

City, State & Zip

Daytime Telephone number

BC 8/2

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

ARTICLES OF INCORPORATION
PERKINSON DAY CARE CENTERS, INC.

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TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of this corporation is **PERKINSON DAY CARE CENTERS, INC.**

ARTICLE II – DURATION

The duration of this corporation shall commence on August 1, 2000 and shall be perpetual.

ARTICLE III – PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV – CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 (one dollar) par value common stock.

ARTICLE V – MAILING ADDRESS

The principal office of the corporation shall be 749 South Orange Street, Starke, Florida 32091 and the mailing address of the corporation is 749 South Orange Street, Starke, Florida 32091.

ARTICLE VI –

INITIAL REGISTERED AGENT – DESIGNATION AND ACCEPTANCE

The name and address of the initial registered agent and office of this corporation is:

Kenna L. Perkinson
Rt. 4, Box 1294-H
Starke, FL 32091

Kenna L. Perkinson signed these Articles of Incorporation to indicate her acceptance and agreement to act in this capacity as contemplated by Section 607.0202 and Section 621, Florida Statutes.

I hereby accept the appointment as Registered Agent of **PERKINSON DAY CARE CENTERS, INC.** and agree to act in that capacity.


KENNA L. PERKINSON

ARTICLE VII – INCORPORATOR AND INITIAL BOARD OF DIRECTORS

The name and address of the director of this corporation who are signing these Articles of Incorporation is as follows:

Kenna L. Perkinson
Rt. 4, Box 1294-H
Starke, FL 32091

This corporation shall have one (1) director initially. The number of directors may be increased from time to time by the By-Laws, but shall never be less than one (1) and the method of election of directors shall be governed by the By-Laws.

ARTICLE VIII – BY-LAWS

The power to adopt, alter, amend or repeal the By-Laws shall be vested in the Board of Directors and the Shareholders.

ARTICLE IX – INDEMNIFICATION

The Corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

ARTICLE X – AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 31ST day of July, 2000.

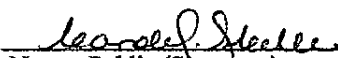

KENNA L. PERKINSON, President

**STATE OF FLORIDA
COUNTY OF BRADFORD**

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Kenna L. Perkinson who is either personally known to me or who has produced _____ as identification and who acknowledged before me that she is the person who executed the foregoing Articles of Incorporation. She did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, in the State and County aforesaid, this 31ST day of July, 2000.

CAROLE K. DECELLE
Print Name of Notary


Notary Public (Signature)
State of Florida at Large
My Commission Expires 5/23/02



CAROLE K. DECELLE
COMMISSION # CC729501
EXPIRES MAY 23, 2002
BONDED THROUGH
ADVANTAGE NOTARY OF FLORIDA

CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is: **PERKINSON DAY CARE CENTERS, INC.**
2. The name and address of the registered agent and office is: Kenna L. Perkinson, Rt. 4,
Box 1294-H, Starke, FL 32091

Signature: Kenna Perkinson
(CORPORATE OFFICER)

Title: President

Date: 7/31/00

HAVING BEEN NAMED AS REGISTERD 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.

SIGNATURE: Kenna Perkinson

DATE: 7/31/00

REGISTERED AGENT FILING FEE: \$35.00

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TALLAHASSEE, FLORIDA