

FILED
Apr 14, 2008 08:00 AM
Secretary of State

1. Entity Name
PERKINSON DAY CARE CENTERS, INC.



Mailing Address
749 S ORANGE ST
STARKE, FL 32091

DO NOT WRITE IN THIS SPACE



4. FEI Number 59-3673034	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

PERKINSON, KENNA L
9922 SW 136TH ST
STARKE, FL 32091

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1000095932

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

04/24/08-80007-023 150.00

TITLE	D
NAME	PERKINSON, KENNA L
STREET ADDRESS	9922 SW 136TH ST
CITY - ST - ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #