

# Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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# FLORIDA PROFIT CORPORATION OR P.A.

Little Sailors Childcare, Inc.

Certificate of Status	1
Certified Copy	0
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#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

# Little Sailors Childcare, Inc.

ARTICLE II PRINCIPAL OFFICE

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

# Little Sailors Childcare, Inc.

400 86th Avenue St. Pete Beach, FL 33706

#### ARTICLE III SHARES

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

1500 Shares at No Par Value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tammie M. Hickman 6370 2nd Palm Pt. St. Pete Beach, FL 33706

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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# ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

James J. Hickman 6370 2nd Palm Pt. St. Pete Beach, FL 33706

Tammie M. Hickman 6370 2nd Palm Pt. St. Pete Beach, FL 33706

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of Dec 2000.

James J. Hickman - Signature

Tammie M. Hickman - Signature

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# CERTIFICATE OF DESIGNATION OF 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Little Sailors Childcare, Inc.		÷-
2. The name and address of the registe	red agent and office is:		
	Tammie M. Hickman		
	Name		
	6370 2nd Palm Pt.		
	(P.O. Box or Mail Drop Box NOT Acceptable)		
	St. Pete Beach, FL 33706		
·	(City / State / Zip)		
agent and agree to act in this capac	in this certificate, I hereby accept the appointment as regis ity. I further agree to comply with the provisions of all the performance of my duties, and am familiar with and accep- ered agent.	statutes	
Tammie M. Hickman	Dec 28, 2000	00 DEC 28 PM 12: 11	SNOILVIN HOS AH NOSIAID TIVIS AO AUVITROAS TAILL
SIGNATURE	.(Date)		