TRANSMITTAL LETTER

P01000018443

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

200002718572--0
-02/19/01--01098--019
*****78.75 *****78.75

SUBJECT: Little TREAT DAY CARE
(Proposed corporate name - must include suffix)

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: SHARON LIGON
Name (Printed or typed)

P.O. BOX 443
Address

CLEWISTON,FL. 33440
City, State & Zip

(863) 983-9184
Daytime Telephone number

FILED
01 FEB 19 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sharon GAVE
AUTHORIZATION PHONE TO
CORRECT R. A. accept.
DATE 2-20-01
DOC. EXAM JC

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

FEB 2 0 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.

FILED
01 FEB 19 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LITTLE TREAT DAY CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

506 E. OBISPO STREET/ P.O. BOX 443,CLEWISTON,FL. 33440

ARTICLE III SHARES

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

ONE HUNDRED SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SHARON LIGON, 1032 ARKANSAS AVE., CLEWISTON, FL. 33440

ARTICLE V INCORPORATOR

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

SHARON LIGON P.O. BOX 443 CLEWISTON,FL. 33440

Sharon Ligon 2/12/01
Sharon Ligon 2/12/01

Signature/Incorporator /Registered Agent **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