# TRANSMITTAL LETTER ,32075

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

Tallahassee, FL 020			
SUBJECT.	EYS FAMILY HOME	ALINO TO	x)
Enclosed is an original and one (1) copy of the articles of incorporation and a check			
Enclosed is an origination for:  [X] \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:

700003909047-- 0 -03/26/01--01066--018 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00 BENTLEYS FAMILY HOME DAY CARE, INC. Name (printed or typed) 7106 BERRYWOOD LANE Address JACKSONVILLE, FLORIDA City, State & Zip (904) 744-9084 Daytime Telephone Number

## **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.

### ARTICLE I NAME

The name of the corporation shall be:

BENTLEYS FAMILY HOME DAY CARE, INC.

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SECRETARY OF STATE TALLAHASSEE FLARIDA

PRINCIPAL OFFICE ARTICLE II

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

7106 BERRYWOOD LANE

JACKSONVILLE, FLORIDA

32277

ARTICLE III SHARES

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

500

### INITIAL REGISTERED AGENT AND STREET

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

CAROLYN FAYE BENTLEY

7106 BERRYWOOD LANE

JACKSONVILLE, FLORIDA

32277

INCORPORATOR

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

CAROLYN FAYE BENTLEY 7106 BERRYWOOD LANE

JACKSONVILLE, FLORIDA

32277

(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