

Pg 1000092754

TRANSMITTAL LETTER

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

400004603444--9
-09/20/01--01099--013
*****131.25 *****87.50

SUBJECT: Kidz First, Inc.
(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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Premier Financial
Name (Printed or typed)
112 W. Adams St #816
Address
Jacksonville, FL 32202
City, State & Zip
904-355-2191
Daytime Telephone number

FILED
01 SEP 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

9-21-01
WC

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:

Kidz First, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3529 Gladys St.
Jacksonville, FL 32209

ARTICLE III SHARES

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

5 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Premier Financial c/o Joseph Chappelle
112 W. Adams St. #816
Jacksonville, FL 32202

ARTICLE V INCORPORATOR

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

A. Williams
1404 Brookmont Ave.
Jacksonville, FL 32211


Signature/Incorporator

9-14-01

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


Signature/Registered Agent

9-14-01

Date

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01 SEP 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FL 32310