

901000119309

TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 DEC 17 AM 10:28

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

SUBJECT: IVEY FAMILY HOME DAYCARE CENTER, INC  
(Proposed corporate name - must include suffix)

100004728261--013  
-12/17/01--01046--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

FROM: MILDRED IVEY  
Name (Printed or typed)  
659 PURCELL DRIVE  
Address  
JACKSONVILLE, FLORIDA 32221  
City, State & Zip  
904 783-1758  
Daytime Telephone number

F. CHESSEY DEC 18 2001

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

# ARTICLES OF INCORPORATION OF

IVEY FAMILY HOME DAYCARE CENTER, INC

*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:

IVEY FAMILY HOME DAYCARE CENTER, INC

## ARTICLE II PRINCIPAL OFFICE

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

659 PURCELL DRIVE  
JACKSONVILLE, FLORIDA 32221

## ARTICLE III SHARES

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

500 @ PAR VALUE OF \$1.00

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MILDRED IVEY  
659 PURCELL DRIVE  
JACKSONVILLE, FLORIDA 32221

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**ARTICLE V INCORPORATOR(S)**

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

MILDRED IVEY  
659 PURCELL DRIVE  
JACKSONVILLE, FLORIDA 32221

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

11 day of DECEMBER, 19 2001.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

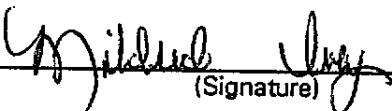
1. The name of the corporation is: IVEY FAMILY HOME DAYCARE CENTER, INC

2. The name and address of the registered agent and office is:

MILDRED IVEY  
(Name)  
659 PURCELL DRIVE  
(P.O. Box not acceptable)  
JACKSONVILLE, FLORIDA 32221  
(City/State/Zip)

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*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)

12/11/01