

TRANSMITTAL LETTER

P0100012303

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

APPROVED
AND
FILED
01 DEC 20 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Lee Family Child Care, 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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROOSEVELT S. ISAAC
Name (Printed or typed)

347 S. ORANGE Ave
Address

ARCADIA, FL. 500004734705--4
City, State & Zip

-12/20/01 -01062-001
*****78.75 *****78.75

Daytime Telephone number

RECEIVED

01 DEC 20 PM 1:56

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

[Signature]
12/20

ARTICLE OF CORPORATION
OF

LEE FAMILY HOME DAY CARE, INC.

ARTICLE 1

NAME

THE NAME OF THIS CORPORATION IS LEE FAMILY HOME DAY CARE, INC.
819 SOUTH ORANGE AVENUE, ARCADIA, FLORIDA 34266

ARTICLE 11

DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY, AND THE DATE OF COMMENCEMENT OF CORPORATE EXISTENCE SHALL BE THE DATE ON WHICH THESE ARTICLES ARE FILED WITH THE SECRETARY OF STATE IN THE STATE OF FLORIDA.

ARTICLE 111

PURPOSE

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN FOR PROFIT ANY BUSINESS ACTIVITIES NOT PROHIBITED TO CORPORATION FOR PROFIT UNDER THE LAWS IN THE STATE OF FLORIDA OR ANY OTHER LOCATION.

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ARTICLE V

REGISTERED AGENT

THE ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION WITHIN THE STATE OF FLORIDA IS 819 SOUTH ORANGE AVE. ARCADIA, FLORIDA 34266.
THE NAME OF THE INITIAL REGISTERED AGENT AT SUCH ADDRESS IS: ALBERT LEE, JR.

ARTICLE VI

INCORPORATOR (S)

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT , DO HEREBY ADOPT (S) THE FOLLOWING ARTICLE OF INCORPORATION. THE PERSON (S) WHO HAVE SIGNED AND DELIVERED OR REQUEST TO BE DELIVERED THESE ARTICLE OF INCORPORATION TO THE DEPARTMENT OF STATE, DIVISION OF CORPORATION IS THE INCORPORATOR (S) OF THIS CORPORATION , WHOES NAME (S) AND ADDRESS (ES) IS/ARE:

Johnnie L. Lee
JOHNNIE L. LEE 819 SOUTH ORANGE AVE. ARCADIA, FLORIDA 34266
INCORPORATOR ADDRESS CITY AND STATE

INCORPORATOR ADDRESS CITY AND STATE

ARTICLE VII

CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE SEVENTY-FIVE HUNDRED (7,500) SHARES OF COMMON STOCK WITH PAR VALUE OF \$ 1.00 PER SHARE.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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

1. NAME OF THE CORPORATION IS:

LEE FAMILY HOME DAY CARE, INC.

2. NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE:

ALBERT LEE, JR.
NAME

819 SOUTH ORANGE AVE.
ADDRESS

<u>ARCADIA</u>	<u>FLORIDA</u>	<u>34266</u>
CITY	STATE	ZIP

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 FAMILAR WITH AND ACCEPT THE OBLIGATIONS OF THIS POSITION AS REGISTERED AGENT.

A. Lee Jr
SIGNATURE
Registered Agent / Incorporator

DATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 20 PM 2:05
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AND
FILED