

TRANSMITTAL LETTER
Pg 2000018912

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

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-02/14/02--01042--021
*****87.50 *****87.50

SUBJECT:

(PROPOSED/CORPORATE NAME - MUST INCLUDE SUFFIX)

Sonya Walker's Family Child Care Home Inc.

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: Sonya Walker-onzy
Name (Printed or typed)

PO. box 11003
Address

Tampa, FL 33680
City, State & Zip

(813) 237-6947
Daytime Telephone number

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 FEB 14 PM 4:55

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

2-19-02
WCC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Sonya Walker's Family Child Care Home Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. box 11003
Tampa, Fla 33680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Family Child Care Home
"For Profit"

ARTICLE IV SHARES

The number of shares of stock is:

51 share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Sonya Walker-Onzy Owner/operator
P.O. Box 11003
Tampa, Fla 33680

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 FEB 14 PM 4:55

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sonya Walker-Onzy
2227 1/2 E. Osborne #16
Tampa, Fla 33610

mailling address

Sonya Walker-Onzy
P.O. box 11003
Tampa, Fla 33680

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sonya Walker-Onzy
P.O. box 11003
Tampa, Fla 33680

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date