

PO2000059290

Requester's Name

Address

GMG CONSULTING
P.O. Box 127
Clearwater, FL 33757
(727) 420-1327

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 100005622161--6
-05/28/02--01085--020
*****78.75 *****78.75
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

bm 5129
Examiner's Initials

ARTICLES OF INCORPORATION

ARTICLE I

The name of the corporation shall be CASON'S CARING FOR CHILDREN, Incorporated

ARTICLE II

The principle place of business and mailing address is 1539 Levern St., Clearwater, Fl 33755

ARTICLE III

The corporation is authorized to have no more than 10,000 shares of stock outstanding at any given time. The par value of the stock will be \$1 per share.

ARTICLE IV

The registered agent for this company will be Sherrie Cason, residing at 1539 Levern St., Clearwater, Fl 33755

ARTICLE V

The incorporators to these articles are Sherrie Cason and Lewis Cason at 1539 Clearwater, Fl 33755

Sherrie M. Cason
Signature/Incorporator

4-11-02
Date

Sherrie M. Cason
Signature/Incorporator

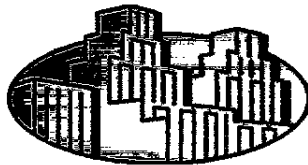
4-11-02
Date

FILED
02 MAY 28 PM 2:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Shirley M. Casper
Signature/Registered Agent

4-11-02
Date



04/09/02

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TALLAHASSEE, FLORIDA