# (SAMPLE LETTER OF TRANSMITTAL) Plorida Department of State

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

000007386740--0 -08/28/02--01026--011 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: Keeping Our KidsSafe, Learning Center
(Name of Corporation)
Gentlemen:
Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75
This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.
Very truly yours.  AHAS 28
Mala White F
Keeping Our Kids Safe, Learning Center (Name of Comporation)
MAILING ADDRESS OF CORPORATION —
KEEPING OUR KIDS SAFE FAMILY LEARNING 909 West Pearl Street St. Augustine, FL 32095
PHONE

Area Code

9635 Number

F 8/29/02

Ext

### ARTICLES OF INCORPORATION

of

Keeping Our Kids Safe, Learning Center, INC

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Keeping Our Kids Safe, Learning Center, INC.

ARTICLE II - DURATION -

This corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue \_\_500 \_\_\_shares of common stock, par value \$ \_1\_00 \_\_\_ per share.

#### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET	ADDRESS	909 Wes	st Pearl	St.			
					,		
CITY	St. A	ugustine	-		FLORIDA	7.IP	32084

Mailing address, if different

STREET ADDRESS	SA	ME AS ABOVE	
CITY		FLORIDA	ZIP

#### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Gregory B. White, Sr.		
ADDRESS	905 West Pearl St.		
CITY	St. Augustine	FLORIDA	ZIP 32084

This corporation shall have FOUR ither increased or diminished from time to time by the ddresses of the initial director(s) of the corporation are	e By-Laws, but shall never be less than	
NAME Gregory B. White, Sr. and	Lydia D. White	·
ADDRESS 905 West Pearl St.		
CITY St. Augustine	STATE Florida	ZIP 32084
NAME Gregory B. White, Jr.	- · ·	
ADDRESS 909 West Pearl St.		
CITY St. Augustine	STATE Florida	ZIP 32084
NAME Monica L. Calloway		
ADDRESS 909 West Pearl St.		
CITY St. Augustine	STATE Florida	ZIP <sub>32084</sub>
ADDRESS 905 West Pearl St.  CITY St. Augustine  NAME	STATE Florida	ZIP 32084
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS	a a a a a a a a a a a a a a a a a a a	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed to day of	hese Articles of Incorporation this  Myslea Wy  Meyon 6 Mhe	Signature)  (Signature)
	V	(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

2002 AUG 28 PM 3: 54

SEUNE LARY OF STATE TALLAHASSEE FLORIDA

	(name of corporation)	<u>amang kanggan menggan penggan penggan</u> Penggan
Pursuant to F	lorida Statutes Sections 48.091 and 607.0501, the following	ing is submitted:
The above co	rporation, organized under the laws of the State of Florid	a with its registered office
	n the Articles of Incorporation	
at	905 West Pearl St. Saint Augustine, Florida 32084	·
has named	Gregory B. White, Sr.	<del>- Andrews</del> William Tourist London (中央) (本名) 会。 - Andrews (中央)
located at the state.	aforesaid address, as its registered agent to accept service	e of process within this

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.

Melon B White St.
(Signature)

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