EUGENE J. ALPHONSE

Certified Public Accountant

Professional Association Phone/Fax (904) 269-5890 Toll Free (800) 929-3834 E-Mail: ejacpa@fdn.com

Please Reply To: Post Office Box 1427 Orange Park, FL 32067-9939

Accounting Offices
2018 Smith Street
Orange Park, FL 32073-5543

PO2 O COO TRANSMITTAL LETTER

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

SUBJECT:	Little Chuckles Learning Center, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
•	(PROPOSED CORTORAT	E MAINE - MOST MEDOD	<u></u>	
Enclosed are 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 ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	

FROM:	Sonya Carpenter	
110141.	Name (Printed or typed)	
	1955 Layton Road	DZ NUG 2' TAECALLA
•	Address	至 5
	Jacksonville, FL 32211	29 H
-	City, State & Zip	
	904-269-5390	ORIDE ORIDE
	Daytime Telephone number	. ,

ARTICLES OF INCORPORATION

In Compliance With Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME:

The Name Of The Corporation Shall Be: Little Chuckles Learning Center, Inc.

PRINCIPAL OFFICE: The Principal Place Of Business/Mailing Address Is: 2948 Justina Road Jacksonville, FL 32271

ARTICLE III PURPOSE:

The Purpose For Which Little Chuckles Learning Center, Inc. I Organized Is:

Child Care Center

ARTICLE IV SHARES:

The Number Of Shares Of Stock Is: One Thousand (1,000) Shares

INITIAL OFFICERS/DIRECTORS:

The Name(s), Address(es) And Title(s):

Sonya Carpenter

President

1955 Layton Road

Jacksonville, FL 32211

Rochell Freeman Vice-President

8797 Whispering Pines Dr. Jacksonville, FL 32244

REGISTERED AGENT:

The Name And Address Of The Registered Agent Is:

Eugene J. Alphonse, CPA

2018 Smith Street

Orange Park, FL 32073-5543

INCORPORATOR:

The Name And Address Of The Incorporator Is:

Sonya Carpenter 1955 Layton Road

Jacksonville, FL 32211

Having been named as registered agent to accept services of process for the above 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.

Registered Agent

gnature/Incorporator