

EUGENE J. ALPHONSE

Certified Public Accountant

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

Professional Association
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Please Reply To:
Post Office Box 1421
Orange Park, FL 32067-9939

PA20000916680

TRANSMITTAL LETTER

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

FILED
02 SEP -3 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Little Chuckles Learning Center I, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100007468821--8
-09/03/02--01033--005
*******87.50 *****87.50**

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

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

ADDITIONAL COPY REQUIRED

FROM: Rochell Freeman
Name (Printed or typed)

8797 Whispering Pines Dr.

Address

Jacksonville, FL 32244

City, State & Zip

904-269-5890

Daytime Telephone number

559

<http://users2.fdn.com/users/ejacpa>

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

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:
Little Chuckles Learning Center I, Inc.

ARTICLE II PRINCIPAL OFFICE:

The Principal Place Of Business/Mailing Address Is:
3839 Division St.
Jacksonville, FL 32209

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

ARTICLE V INITIAL OFFICERS/DIRECTORS:

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

Rochell Freeman
President

8797 Whispering Pines Dr.
Jacksonville, FL 32244

Sonya Carpenter
Vice-President

1955 Layton Road
Jacksonville, FL 32211

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ARTICLE VI REGISTERED AGENT:

The Name And Address Of The Registered Agent Is:

Eugene J. Alphonse, CPA
2018 Smith Street

Orange Park, FL 32073-5543

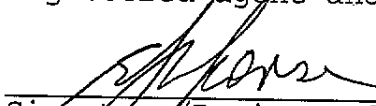
ARTICLE VII INCORPORATOR:

The Name And Address Of The Incorporator Is:

Rochell Freeman

8797 Whispering Pines Dr.
Jacksonville, FL 32244

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.



Signature/Registered Agent

8/26/02

Date



Signature/Incorporator

8/28/02

Date