## P0300012891

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Sonya Smithgave				
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## TRANSMITTAL LETTER

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

	(PROPOSED CORPORA	TIE NAME – <u>MUST INCL</u>	DDE SOLLIX)
•			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
from: <u>Қ</u>	DDIN AROLUND FOL	ruly Child (Printedior typed)	1 ari
	1859 Williams	Manor AU.	
,	Orlando, Fl.	32811 7, State & Zip	· · · · · · · · · · · · · · · · · · ·
•	( HV4) JUR-391	<b>∠</b> ∧	

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

Daytime Telephone number

SECRETARY OF STATE	03 JAN 27 AH 10: 45			
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ice designated in this				

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: AROUND Family Child Care Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Williams Manor AU. ARTICLE III The purpose for which the corporation is organized is: Child Care ARTICLE IV The number of shares of stock is: V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Sonya R. Smith - CEO/PRESIDENT 1859 Williams Manor AU. ORlando, Fl. 32811 REGISTERED AGENT The name and Florida street address of the registered agent is: Manor AU. illiams 32811 arlanto.

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

Signature/Registered Agent/Incorporato

ya R Smith manor AV.

The name and address of the Incorporator is: