

PO30000 36557

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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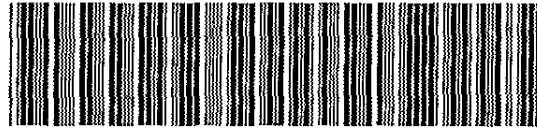
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600013729806

APR 01 2003

TRANSMITTAL LETTER

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

SUBJECT: OPEN ARM'S CHILD CARE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: SONIA N. RAMIREZ
Name (Printed or typed)

11908 N US HWY 301
Address

OXFORD FL. 34484.
City, State & Zip

352-330-0473.
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 18, 2003

SONIA N RAMIREZ
11908 N US HWY 301
OXFORD, FL 34484

SUBJECT: OPEN ARM'S CHILD CARE INC.
Ref. Number: W03000007796

We have received your document for OPEN ARM'S CHILD CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 503A00016719

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:

OPEN ARM'S CHILD CARE MINISTRY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11896 N. US HWY 301. OXFORD FL. 34484.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHILD CENTER.

ARTICLE IV SHARES

The number of shares of stock is:

1000. SONIA N. RAMIREZ

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SONIA N. RAMIREZ PRESIDENT.

11908 N. US HWY 301. OXFORD FL. 34484

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SONIA N. RAMIREZ.

11908 N. US HWY 301 OXFORD FL. 34484.

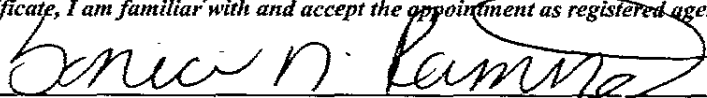
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SONIA N. RAMIREZ.

11908 N. US HWY 301 OXFORD FL. 34484.

Having been named as registered agent to accept service of process for the above stated 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

03-07-03

Date



Signature/Incorporator

03-07-03.

Date

03 APR - 1 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED