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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT:	Laura's Family Day	care, Inc.		•
	(PROPOSED CORPORATE NAM	IE - MUST INCLUDE SUFFIX)		
Enclosed are an original and	d one (1) copy of the articles of inco	rporation and a check for:		
			<u></u>	7
X \$70.00 Filing Fee	∭\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,	
1 mig 1 oc	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL COPY REQUIRED		
				_
FROM:	I arms Divon			
FROW:	Laura Dixon Name (Printed or typed)			
	1417-A Chowkeebin Nene			
		Address		
Tallahassee, FL 32301				
	City, State & Zip			
	850-656-3487			
		me Telephone number		The same of the sa

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)

<u>ARTICLE I NAME</u>

The name of this corporation shall be Laura's Family Daycare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of this corporation shall be 1417-A Chowkeebin Nene, Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose of this corporation is to provide Childcare Services.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time shall be limited to 1,000 shares of common stock having \$1.00 par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The Board of Directors of this corporation shall be comprised of two people. The names and addresses of these people who shall serve as the initial Board of Directors is as follows: President—Laura Dixon 1417-A Chowkeebin Nene, Tallahassee, FL 32301 & Robert Dixon—1417-A Chowkeebin Nene, Tallahassee, FL 32301.

ARTICLE VI REGISTERED AGENT

The name and address of the Registered Agent is Laura Dixon—1417-A Chowkeebin Nene, Tallahassee, FL 32301.

ARTICLE VII INCOPORATOR

The name and address of the Incorporator is Laura Dixon—1417-A Chowkeebin Nene, Tallahassee, FL 32301.

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

gent

Date

-1

Signature/Incorporator

CALL COMPOSITIONS