

P0300012173C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

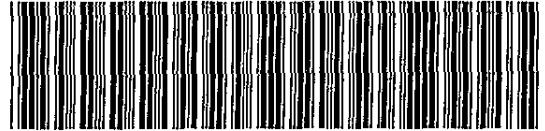
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09/12/03--01008--005 **78.75

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03 OCT 29 AM 4:29
STATE
TALLAHASSEE, FLORIDA

W03-26459

CB 10-29

bm 11/1

TRANSMITTAL LETTER

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

SUBJECT: HAYDEN DAY CARE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Ms. Dorothy B. Hayden .
Name (Printed or typed)

10350 Debutante Dr. South
Address

Jacksonville, FL 32246
City, State & Zip

904-642-0020
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 30, 2003

DOROTHY B HAYDEN
10350 DEBUTANTE DR SOUTH
JACKSONVILLE, FL 32246

SUBJECT: HAYDEN DAY CARE, INC.
Ref. Number: W03000026459

We have received your document for HAYDEN DAY CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 703A00051334

Date: October 15, 2003.

Re: Articles of Incorporation for Profit
Name of Business: ' HAYDEN DAY CARE, INC.'


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

Dear Sir/Madame:

Please find our application for a Profit: Business Incorporation. I am submitting this application for business tax purposes and I am expanding my business this year. I am hoping you will process this application as soon as possible. My business is for profit/ Business Inc. If you have questions please call my Legal Asst. To her Tel . AT 904-642-0020

Thank you for your immediate action and cooperation to this matter.

Sincerely,


DOROTHY B. HAYDEN
Owner and President

Mailing address: 10350 Debutante Dr. South
Jacksonville, FL 32246

I hereby certified mail this letter and application to the U.S.
Postal services located at Jacksonville, FL on: Sept. 27, 2003.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

HAYDEN DAY CARE, INC.

03 OCT 29 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 10350 Debutante Dr. South
Jacksonville, FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This business is organized for
the purpose of providing Child care and transacting any and all
business permitted in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Ms. Dorothy B. Hayden/Owner & President
10350 Debutante Dr. South
Jacksonville, FL 32246

Ms. Geri Queen, Child Care Director & Assoc.
1142 West Akers Dr.
Jacksonville, FL 32246

ARTICLE VI REGISTERED AGENT

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

Ms. Dorothy B. Hayden
10350 Debutante Dr. South
Jacksonville, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

1) Ms. Dorothy B. Hayden
10350 Debutante Dr. South
Jacksonville, FL 32246

2. Ms. Geri Queen
1142 West Akers Dr.
Jacksonville, FL 32246

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

Dorothy B. Hayden
Signature/Registered Agent

10-6-03
Date

Geri Queen
Signature/Incorporator

10-27-03
Date

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: HAYDEN DAY CARE, INC.

2. The name and address of the registered agent and office is:

MS. DOROTHY B. HAYDEN
(NAME)

10350 Debutante Dr. South
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32246
(CITY/STATE/ZIP)

FILED
03 OCT 29 AM 4:30
STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

x Dorothy B. Hayden
(SIGNATURE)

x 10-15-03
(DATE)