

P04000037305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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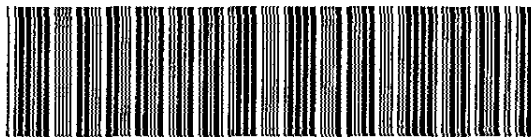
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Small Paws Childcare, 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:** Kim G. Robinette

Name (Printed or typed)

950 Seminole Rd.

Address

Osteen, Florida 32764

City, State & Zip

407-322-2501

Daytime Telephone number

**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:

Small Paws Childcare, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

950 Seminole Road  
Osteen, Florida 32764

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Childcare

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Director - Kim G. Robinette, 950 Seminole Road, Osteen, Florida 32764

Director - Joan M. MacAteer, 946 Seminole Road, Osteen, Florida 32764

**ARTICLE VI REGISTERED AGENT**

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

Kim G. Robinette, 950 Seminole Road, Osteen, Florida 32764

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kim G. Robinette, 950 Seminole Road, Osteen, Florida 32764

\*\*\*\*\*  
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

*Kim G. Robinette*

Signature/Registered Agent

*2-16-04*

Date

*Kim G. Robinette*

Signature/Incorporator

*2-16-04*

Date

FILED

04 FEB 23 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA