

P04000052461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

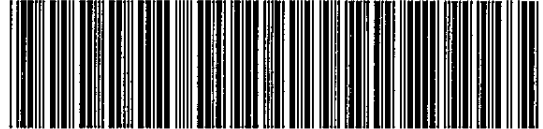
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2/25/

TRANSMITTAL LETTER

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

SUBJECT: ABC Learning Center, Inc. Quincy
(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: Tonji D. Wiggins McGriff
Name (Printed or typed)

6017 S Caldwell St
Address

Quincy, FL 32351
City, State & Zip

(850) 627-2711
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:

ABC Learning Center, Inc. of Quincy

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Business: 327 South Adams STREET / Mailing
Address: Quincy, Florida 32351 P.O. Box 24
Quincy, FL 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Child Care
Educational Programs

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VIVIAN D. M. WIGGINS - Directors
617 S Caldwell Street
Quincy, Florida 32351

Tonjii D. Wiggins McGriff
617 S Caldwell St
Quincy, FL 32351

ARTICLE VI REGISTERED AGENT

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

Tonjii D. Wiggins - McGriff
617 S Caldwell Street
Quincy, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tonjii D. Wiggins McGriff
617 S Caldwell Street
Quincy, FL 32351

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

Tonjii D. Wiggins McGriff
Signature/Registered Agent

3/24/04
Date

Tonjii D. Wiggins McGriff
Signature/Incorporator

3/24/04
Date

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