P040000 76939

(Requestor's Name)				
(Address)				
(in all a section)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
. ,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SEGRETARY OF STATIONS
OF HAY 11 AM 9: 05

TRANSMITTAL LETTER

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

SUBJECT: Bright Future Day Care and Learning Center, Inc

Enclosed is an origin	nal and one(1) copy of the articl	es 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 CO	DPY REQUIRED	
. 	Carolyn J Name (P	EROM: Moffet rinted or typed)	4.	- ·
	7945 Hay	ok Crest L	ane s	SECR DIVISION
	Orlando; F	L 32818 State & Zip		ETARY OF
	407 4	184-1462	90 99	STATE

Daytime Telephone number

ARTICLE I NAME	* * * * * * * * * * * * * * * * * * *	* * •
The name of the corporation shall be: Day Care Bright Future Day Care and Learning Center, Inc		
Bright Future Daycare		
Jand Larning Carter, 7.00	<u>)</u> .	
ARTICLE II PRINCIPAL OFFICE	-	
The principal place of business/mailing address is:	and the second s	
7945 Hawk Crest Lane		
Orlando, FC 32818		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
To Provide a service FOR DAYCARE	2	
and Educational Training		
ARTICLE IV SHARES -		=
The number of shares of stock is:		
The number of shares of stock is: One Share holder (1)		
ARTICLE V INITIAL OFFICERS/DIRECTORS (opti	onal)	
The name(s), address(es) and title(s): President / Owner - Carolyn N	~ / 1/	
Visit at lowner - Co alun A	nottett	
Tresidenti / Varie Carbiyii	101 1011	O DIV
/		SECRETAR IVISION OF C
		- FAR
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered agent is:		AH 9: 05
CAROLYN P NOFFETT		O :0
7945 Hawk Crest have		S ONS
Orlando FL 32818		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:	and the second s	
CAROLLA P MOFFETT		
7945 Hawk crest have		
ORIONAO FL 32818 ***********************************	*******	*****
Having been named as registered agent to accept service of process for the ab		
certificate, I am familiar with and accept the appointment as registered agent a	nd agree to act in this capaci	ty
Carolina & Moutet	4/30	0/04
Signature/Registered Agent	Date	7
		T
(awline of mounts)	M/31	104
Signature Incorporator	Date	

ARTICLES OF INCORPORATION

NAME

ARTICLE I

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