

PO4000088190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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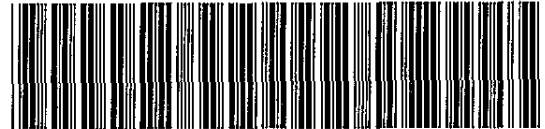
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
04 JUN -7 PM 3:08
DIVISION OF INFORMATION
04 JUN -7 PM 3:01

TRANSMITTAL LETTER

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

SUBJECT: ELIZABETH UMOH CC 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: ELIZABETH LIWEM UMOH
Name (Printed or typed)
520A South Dixie Highway
Address
Hallandale Beach
City, State & Zip
FL 33009
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:

Elizabeth Umoh CC Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

520 S. Dixie Highway
Hallandale Beach, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tab Child Care Center

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Elizabeth Umoh Umoh
520 A S. Dixie Highway Hallandale FL 33009

ARTICLE VI REGISTERED AGENT

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

EMMANUEL P. INWANG
520 S. Dixie Hwy
Hallandale, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Emmanuel P. Inwang
520 S Dixie Hwy Hallandale, FL 33009

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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

Date

Signature/Incorporator

Date