P04000134697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies X Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Lakeview Educational Child Care Center, 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: L. G. Johnson, Jr.
Name (Printed or typed)

99 NW 183rd Street, Suite 232
Address

Miami Florida 33169
City, State & Zip

786-290-6333
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

Lakeview Educational Day Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1540 NW 111 Street, Miami Florida 33167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Educate youth in a daycare center

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Ralph Johnson 6340 NW 200 Terrace Secretary Miami FL 33015

Dalorise Pinder 6340 NW 200 Terrace Executive Director

L.G. Johnson 99 NW 183rd Street, Suite 232 Business Manager

Rev. Leroy Johnson 6340 NW 200 Terrace President

Frances Johnson 6340 NW 200 Terrace Vice-President

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

L. G. Johnson
99 NW 183rd Street, Suite 232
Miami, Florida 33169

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Tawana Maxwell
P.O. Box 564
Niceville Florida, 32362

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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: 9-22-04

Signature/Incorporator — Date: 9-22-04