

P04000144067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

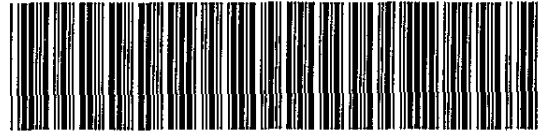
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
AND
04 OCT 18 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Infants And Toddlers University,
SUBJECT: Child Care Center Of The Arts, 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: Beverly Coffey
Name (Printed or typed)

5117 Pearl Street
Address

Jacksonville, FL 32208
City, State & Zip

(904) 356-0002
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

04 OCT 18 PM 4: 27

ARTICLE I NAME

The name of the corporation shall be:

Infants And Toddlers University,
Child Care Center Of The Arts, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5117 Pearl Street
Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality child care services to the citizens of Jacksonville
and surrounding areas.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares Par value of \$200 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Beverly Coffey, President
5117 Pearl Street
Jacksonville, FL 32208

Jerry Kendrick, Secretary/Treasurer
5117 Pearl Street
Jacksonville, FL 32208

ARTICLE VI REGISTERED AGENT

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

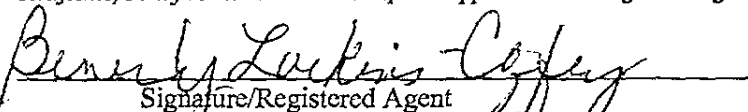
Beverly Coffey
5117 Pearl Street
Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beverly Coffey
5117 Pearl Street
Jacksonville, FL 32208

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

9/21/04
Date


Signature/Incorporator

9/21/04
Date