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TRANSMITTAL LETTER

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

SUBJECT: Angels In Motion Learning 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: SOREATTA BROWN
Name (Printed or typed)
204 Willard ave
Address
Fruitland Park FL 34731
City, State & Zip
(352) 360-2681
Daytime Telephone number

FILED
JUL 16 7:13:09
TALLAHASSEE, FL

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:

Angels In Motion Learning Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

810 N. McCormack St.
Leesburg FL 34748

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Childcare

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SOREATTA BROWN / DIRECTOR / OWNER
204 Willard Ave.
Fruitland Park FL 34731

ARTICLE VI REGISTERED AGENT

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

SOREATTA BROWN
204 Willard Ave.
Fruitland Park FL 34731

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SOREATTA BROWN
204 Willard Ave.
Fruitland Park FL 34731

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

Soreatta Brown
Signature/Registered Agent

2/21/05
Date

Soreatta Brown
Signature/Incorporator

2/21/05
Date