P05000098938

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:



07/05/05--01057--004 **/8.75

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TRANSMITTAL LETTER

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

nc. SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

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Filing Fee,
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Certified Copy
& Certificate of
Status
PY REQUIRED

FROM: Name (Printed or typed ddress ρ State & Zin 766 Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 7, 2005

CYNTHIA MCCOY 3432 LANTANA ST FORT MYERS, FL 33916

SUBJECT: CIRCLE OF LOVE PRESCHOOL INC. Ref. Number: W05000032686

We have received your document for CIRCLE OF LOVE PRESCHOOL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please put all the information on the approved form with your signatures.

The document must state the number of shares of authorized stock.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist New Filings Section

Letter Number: 005A00045093



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: LIFCLE OF LONE Preschool INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

560 Ortiz AUE Fort myers FIA 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Preschool Program/Dhychre

ARTICLE IV SHARES

The number of shares of stock is: Corporation shall consist of 1000 shares of Common stock of \$1.00 per value each

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s): Towner/Director/sec/Tre/Pre Cynthia misloy 3432 LANTANA'ST Fort myers FIA 33916

ARTICLE VI REGISTERED AGENT

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

CYNTHIA ME COY 3432 LANTANA ST FORT MYERS FIR 33916

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

mECOY CUNTRIA 32 CANTANA St Fort myers FIA 33916

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 Signature/Incorporator

ILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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