P05000111122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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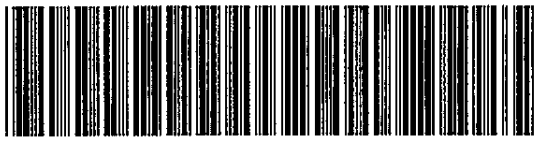

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FILED
05 AUG -8 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Samantha's Child Care Center, Corp.
(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: Abigail Colon Rivera
Name (Printed or typed)

4208 Daubert St.
Address

Orlando, FL. 32807
City, State & Zip

(407) 275-9614
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:

Sarantha's child Care Center, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4208 Daubert Street
Orlando, Florida 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Child Care Services.

ARTICLE IV SHARES

The number of shares of stock is:

100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Abigail Colon Rivera
5265 Alhambra Dr.
Orlando, Fl. 32808

ARTICLE VI REGISTERED AGENT

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

Abigail Colon Rivera
5265 Alhambra Dr.
Orlando, Fl. 32808

ARTICLE VII INCORPORATOR

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

Abigail Colon Rivera
5265 Alhambra Dr.
Orlando, Fl. 32808

****

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
Abigail Colon Rivera

Signature/Incorporator

8-2-05

Date