

P05000142652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

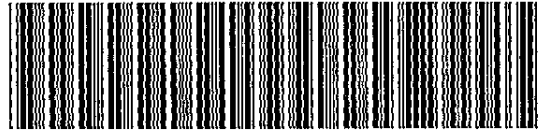
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 20 AM 9:09

COVER LETTER

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

SUBJECT: Stepping Stones Braille Services, 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: Burlean S. Moses
Name (Printed or typed)

P.O. Box 2403
Address

Jacksonville, FL 32203
City, State & Zip

(904) 765-4631 x 120
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 20 AM 9: 09

ARTICLE I NAME

The name of the corporation shall be:

Stepping Stones Braille Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Business - 10860 Jessica Ash Drive, Jax, FL 32218

Mailing - P.O. Box 2403, Jax. FL 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide literacy braille transcription services.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Burlean Moses, 10860 Jessica Ash Dr., Jax., FL 32218

Daniel Moses, 10860 Jessica Ash Dr., Jax. FL 32218

Brian Moses, Duke University, Edens Dorm., Durham, NC 27708

ARTICLE VI REGISTERED AGENT

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

Daniel Moses, 10860 Jessica Ash Dr., Jax., FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Burlean Moses, 10860 Jessica Ash Dr., Jax. FL 32218

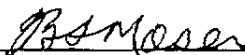
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/17/05

Date



Signature/Incorporator

10/17/05

Date