

PD5000145440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

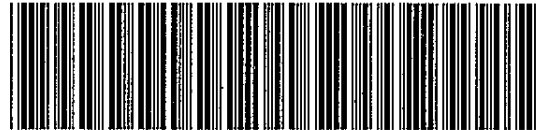
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 28 PM 12:15

FILED

COVER LETTER

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

SUBJECT: My Father's House Child Care 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
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: My Father's House Child Care Center, Inc.
Name (Printed or typed)

P.O. Box 646

Address

Dunedin, Florida 34697-0646

City, State & Zip

727-366-8228

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 18, 2005

CHERYL TORONYI
602 D GROVE COURT
DUNEDIN, FL 34698

SUBJECT: MY FAHTER'S HOUSE CHILD CARE CENTER, INC.
Ref. Number: W05000047582

RECEIVED
05 OCT 28 AM 10:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MY FAHTER'S HOUSE CHILD CARE CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 905A00063293

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

My Father's House Child Care Center, Inc.

05 OCT 28 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 646
Dunedin, Florida 34687

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide child care from infant to after school care between the hours of 6:00 am to 12:00 pm
monday thru saturday

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cheryl Toronyi
602 D Grove Court
Dunedin, Florida 34698
President

ARTICLE VI REGISTERED AGENT

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

Cheryl Toronyi
602 D Grove Court
Dunedin, Florida 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cheryl Toronyi
602 D Grove Court
Dunedin, Florida 34698

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

Cheryl Toronyi
Signature/Registered Agent

10/10/05
Date

Cheryl Toronyi
Signature/Incorporator

10/10/05
Date