

905000148870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
STATE

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**COVER LETTER**

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

SUBJECT: PEPPERS TRIPOD DAYCARE CENTERS, 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: EVELYN PEPPERS  
Name (Printed or typed)

9449 CNTY RD 49  
Address

LIVE OAK, FL 32060  
City, State & Zip

386-362-3600  
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:

Peppers Tripod Daycare Centers, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. Box 673 Live Oak, FL 32064

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ALL AND LEGAL BUSINESS ACTIVITIES ALLOWED BY THE STATE OF FLA.

### 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):

EVELYN PEPPERS- (PRES)  
9449 CNTY RD.49 LIVE OAK, FL 32060

### ARTICLE VI REGISTERED AGENT

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

SADIE PETTREY  
14293 111TH PL  
MCALPIN, FL 32062

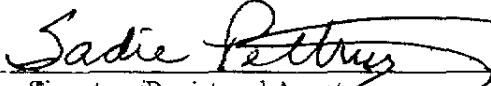

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EVELYN PEPPERS  
P.O. BOX 673  
LIVE OAK, FL 32064

\*\*\*\*\*

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

10/25/2005

Date

10/25/2005

Date

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05 NOV -7 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA