

P05000163744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

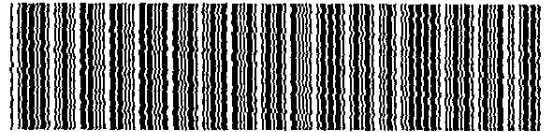
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05 DEC 15 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 12

## COVER LETTER

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

SUBJECT: SKY Ridge Day Care 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: Talitha Gopaul  
Name (Printed or typed)

600 South Ridge Rd  
Address

Clearmont Fl. 34711  
City, State & Zip

352 - 227 - 4210  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2005

TALITHA GOPAUL  
600 S. RIDGE RD.  
CLERMONT, FL 34711

SUBJECT: SKY RIDGE DAY CARE INC.  
Ref. Number: W05000052885

We have received your document for SKY RIDGE DAY CARE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

*effective date?*  
*day on 12/1/2006*  
An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6047.

Carolyn Lewis  
Document Specialist  
NEW FILINGS

Letter Number: 305A00069674

*MY Name  
write  
I accept  
duties &  
w/ address  
and sig*

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 DEC 15 PM 2:28

RECEIVED

**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:

Sky Ridge Day Care Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

600 South Ridge Rd.  
Clermont Fl. 34711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Day Care Services

**ARTICLE IV SHARES**

The number of shares of stock is:

-1-

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Talitha Gopaul

**ARTICLE VI REGISTERED AGENT**

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

600 South Ridge Road  
Clermont Fl. 34711

Talitha Gopaul

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Talitha Gopaul  
600 S. Ridge Road  
Clermont Fl. 34711

VIII Effective Date  
1-1-2006

\*\*\*\*\*  
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

Talitha Gopaul

Signature/Registered Agent

Talitha Gopaul

Signature/Incorporator

11/22/05  
Date

11/22/05  
Date

FILED  
05 DEC 15 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA