

P06000000205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

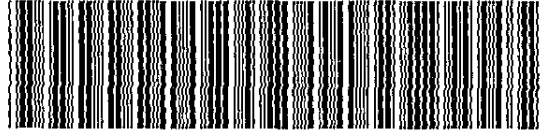
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Mrs. Ruth's Family Child Care Home, 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: Ruth R. Speights
Name (Printed or typed)

4344 Carnwath Road
Address

Tallahassee, FL 32303
City, State & Zip

(850) 562-7719
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:

Mrs. Ruth's Family Child Care Home, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4344 Carnwath Road Tallahassee, Fl. 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Care for and teach social and academic skills to Pre School Children.

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):

Ruth R. Speights, Director
4344 Carnwath Rd
Tallahassee, Fl. 32303

ARTICLE VI REGISTERED AGENT

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

Ruth R. Speights
4344 Carnwath Rd
Tallahassee, Fl. 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ruth R. Speights
4344 Carnwath Rd
Tallahassee, Fl. 32303

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

Ruth R. Speights

Signature/Registered Agent

Ruth R. Speights

Signature/Incorporator

1/3/2006

Date

1/3/2006

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA