

P06000082695

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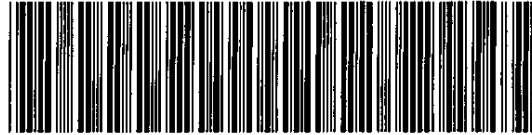
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: HENDERSON FAMILY DAY CARE HOME CORPORATION  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: ROSA HENDERSON  
Name (Printed or typed)

6216 SW 132<sup>ND</sup> PLACE  
Address

MIAMI FLORIDA 33183  
City, State & Zip

305 387 6556  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2006

ROSA HENDERSON  
6216 SW 132ND PLACE  
MIAMI, FL 33183

SUBJECT: HENDERSON FAMILY DAY CARE HOME CORPORATION  
Ref. Number: W06000026824

We have received your document for HENDERSON FAMILY DAY CARE HOME CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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 850-245-6062.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 006A00039971

# 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: HENDERSON FAMILY DAY CARE HOME CORPORATION

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6216 SW 132<sup>ND</sup> PLACE  
MIAMI FLORIDA 33183

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A FAMILY CHILD CARE HOME

## ARTICLE IV SHARES

The number of shares of stock is: 6

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROSA HENDERSON	6216 SW 132 <sup>ND</sup> PLACE MIAMI FLORIDA 33183	DIRECTOR
RAUL GONZALEZ	6216 SW 132 <sup>ND</sup> PLACE MIAMI FLORIDA 33183	ASSISTANT

## ARTICLE VI REGISTERED AGENT

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

ROSA HENDERSON 6216 SW 132<sup>ND</sup> PLACE MIAMI FLORIDA 33183

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAUL GONZALEZ 6216 SW 132<sup>ND</sup> PLACE MIAMI FLORIDA 33183

\*\*\*\*\*

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

Rosa Henderson

Signature/Registered Agent

Raul Gonzalez

Signature/Incorporator

06-06-06

Date

06-06-06

Date

FILED  
06 JUN 19 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA