

PO6000041538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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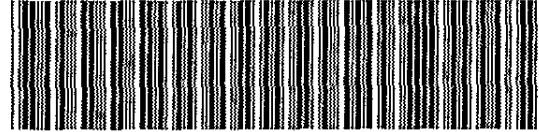
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Kiros Daycare 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: Cyclyn R. Smith-Mobley

Name (Printed or typed)

12739 Serenade Circle North

Address

Jacksonville, Florida 32225

City, State & Zip

(904) 327- 5559

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:

Kiros Daycare Center, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12739 Serenade Circle North
Jacksonville, Florida 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This is a profit corporation, organized solely for child caring, educational purposes pursuant to Florida statues chapter 607 and /or chapter 621

ARTICLE IV SHARES

The number of shares of stock is:

none 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cyclyn R. Smith-Mobley, President
12739 Serenade Circle North. Jax. Fl. 32225
Idell A. Strachan, Vice President
12739 Serenade circle N. Jax. Fl. 32225
Clotilda S. Charles, Director
2162 Yulee St. Jax. Fl. 32209
Shannon A.D. Clarke, Secretary
11687 Starfish Ave. Jax. Fl. 32225

ARTICLE VI REGISTERED AGENT

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


Cyclyn R. Smith-Mobley
12739 Serenade Circle N
Jax. Fl. 32225


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cyclyn R. Smith-Mobley
12739 Serenade Circle N
Jax. Fl. 32225

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

11/3/2006

Date

11/3/2006

Date

FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA
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