

P07000045884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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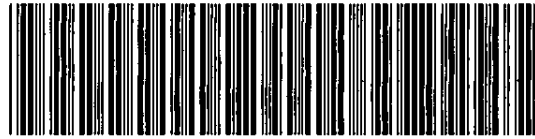
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-13-07
ee

COVER LETTER

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

SUBJECT: A Child's World Childcare Learning 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: A Child's World Childcare Learning Center Inc.
Name (Printed or typed)

525 Tamiami Trail Suite 5,6,
Address

Port Charlotte, FL 33953
City, State & Zip

(941) 539-6556 (941) 538-2860
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:

A Child's World Childcare Learning Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

525 Tamiami Trail
Suite 5,6,
Port Charlotte, FL 33953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the service of Childcare

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Darlene Post (Director)	Brook Raymond (CO-Owner)
3173 South Cranberry Blvd.	1775 Narrington Ave.
North Port, FL. 34286	North Port, FL. 34288

Barbara Martin (CO-Owner)
1790 Narrington Ave.
North Port, FL. 34288

ARTICLE VI REGISTERED AGENT

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

Darlene Post
3173 South Cranberry Blvd.
North Port, FL 34286

ARTICLE VII INCORPORATOR

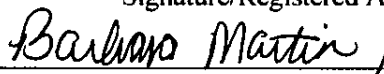
The name and address of the Incorporator is:

Barbara Martin
1790 Narrington Ave
North Port, FL. 34288

Brook Raymond
1775 Narrington Ave
North Port, FL. 34288

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Date


Date

4/10/07

04.10.07