

P08066014393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

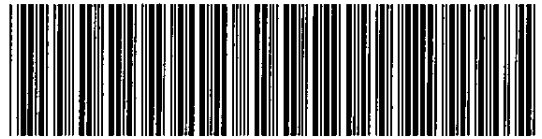
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 FEB -7 AM 11:38

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2/8/08

COVER LETTER

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

SUBJECT: Abbie's Angels 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: Seca Wilcox
Name (Printed or typed)

9162 Jefferson Ave
Address

Jacksonville, FL 32208
City, State & Zip

(904) 487-7584
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:

Abbie's Angels Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9162 Jefferson Ave
Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Child Care

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):

Seca Wilcox
9162 Jefferson Ave
Jacksonville, FL 32208

Title: Owner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Secca Wilcox
4162 Jefferson Ave
Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Secca Wilcox
4162 Jefferson Ave
Jacksonville, FL 32208

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

Secca Wilcox
Signature/Registered Agent

2/5/08
Date

Secca Wilcox
Signature/Incorporator

2/5/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA