# P08000051980

| (Requestor's Name)                      |                   |         |  |  |
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| (Address)                               |                   |         |  |  |
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| (City/State/Zip/Phone #)                |                   |         |  |  |
| PICK-UP                                 | WAIT              | MAIL.   |  |  |
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| (Bu                                     | siness Entity Nan | ne)     |  |  |
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| <u></u>                                 | cument Number)    |         |  |  |
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| Certified Copies Certificates of Status |                   |         |  |  |
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| Special Instructions to                 | Filina Officer:   |         |  |  |
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Office Use Only



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# **COVER LETTER**

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

| . SUBJECT: Brite Fu   | ture Learning Center, Inc.                   |   |  |
|-----------------------|--|---|--|
| England and an air    |  | TE NAME – <u>MUST INCI</u>                        |  |
| Eliciosed are an orig | inal and one (1) copy of the arti-           | cies of incorporation and                         | i a check for:   |
| \$70.00 Filing Fee    | ✓ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED |
| FROM:                 | Name   | shia C. Clark<br>(Printed or typed)               |  |
|                       | P. O. Box 1472<br>Address                    |   |  |
|                       |  | atka, FL 32178<br>, State & Zip                   |  |
|                       |  | 569-1163<br>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)

# FILED

#### <u>ARTICLE I NAME</u>

The name of the corporation shall be:

Brite Future Learning, Inc.

2000 HAY 23 P 2: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

36 Randolph Drive Palm Coast, FL 32164

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Child day care service

#### ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jameshia C. Clark P. O. Box 1472 Palatka, FL 32178 President

#### ARTICLE VI REGISTERED AGENT

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

Jameshia C. Clark 36 Randolph Drive Palm Coast, FL. 32164

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jameshia C. Clark P. O. Box 1472 Palatka, FL 32178

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

5/21/08

Date