

P08000058673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

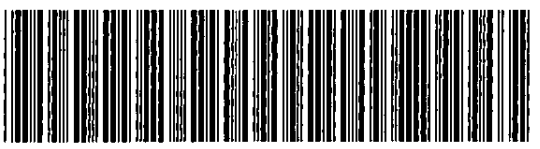
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 JUN 16 P 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Melissa's Family Child Care, 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: Melissa Doctor  
Name (Printed or typed)  
725 NW 19 Terrace  
Address  
Fort Lauderdale Fl. 33311  
City, State & Zip  
954.410.1456  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN 16 P 1:22

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2008

MELISSA DOCTOR  
725 NW 19 TERRACE  
FT LAUDERDALE, FL 33311

SUBJECT: MELISSA'S FAMILY CHILD CARE, INC.  
Ref. Number: W08000026749

We have received your document for MELISSA'S FAMILY CHILD CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 708A00034244

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: *Melissa's Family Child Care Inc.*

2008 JUN 16 P 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

*725 NW 19 terrace  
St. Lauderdale, Fl. 33311*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*for Child Care services*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

*Melissa Doctor - 95%  
Antione Doctor - 5%*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Melissa Doctor / Director / owner / operator  
725 NW 19 terrace  
St. Lauderdale, Fl. 33311* } *Antione Doctor / operator  
725 NW 19 terrace  
St. Lauderdale, Fl. 33311*

**ARTICLE VI REGISTERED AGENT**

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

*Melissa Doctor  
725 NW 19 terrace  
St. Ldo. Fl. 33311*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Melissa Doctor  
725 NW 19 terrace  
St. Ldo. Fl. 33311*

\*\*\*\*\*

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

*Melissa Doctor* Melissa Doctor  
Signature/Registered Agent

*May 30, 08*  
Date

*Melissa Doctor* Melissa Doctor  
Signature/Incorporator

*May 30, 08*  
Date