

PO8000058768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

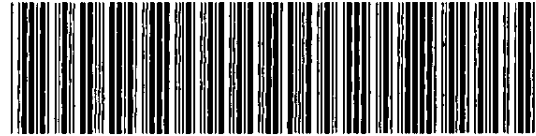
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100131225271

06/16/08--01021--009 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 16 PM 4:09

EP 6/17/08

COVER LETTER

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

SUBJECT: Ray Of Hope Child Care 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: Marie Burrell

Name (Printed or typed)

717 Skyridge Road

Address

Clermont, FL 34711

City, State & Zip

954-448-4845

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:

RAY OF HOPE CHILD CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

717 Skyridge Road
Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is being organized to transact any and all lawful business for which Corporations may be incorporated in this State.

ARTICLE IV SHARES

The number of shares of stock is:

The number of Par value per share is 1000 at \$.001 per value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marie Burrell, 717 Skyridge Road, Clermont, FL 34711 - President
Carl Burrell, 717 Skyridge Road, Clermont, FL 34711 - Vice President
Rosalee Thomas, 233 Winter Springs, FL 32708 - Secretary/Treasurer

Tides Rd.

08 JUN 16 PM 4:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT

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

Marie Burrell
717 Skyridge Road
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marie Burrell
717 Skyridge Road
Clermont, FL 34711

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

Marie Burrell

Signature/Registered Agent

6-9-08

Date

Marie Burrell

Signature/Incorporator

6-9-08

Date