

P08000097695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

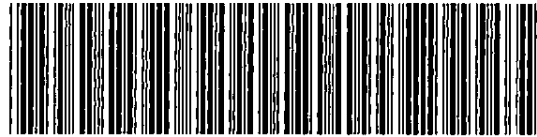
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

10/30



800137294568

10/30/08--01038--017 \*\*70.00

FILED  
08 OCT 30 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** SONYA'S FAMILY CHILDCARE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: RAY A. MCGHEE  
Name (Printed or typed)

6290 NW 173RD STREET, #126  
Address

MIAMI, FL 33015  
City, State & Zip

305-926-5374  
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:

SONYA'S FAMILY CHILDCARE CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

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

725 NW 12TH STREET  
FLORIDA CITY, FL 33034

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
CHILDCARE SERVICE PROVIDER

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

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

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

SONYA WILLIAMS, DIRECTOR  
725 NW 12TH STREET  
FLORIDA CITY, FL 33034

**ARTICLE VI REGISTERED AGENT**

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

RAY MCGHEE  
6290 NW 173RD STREET, #126  
MIAMI, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

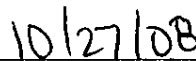
RAY MCGHEE  
6290 NW 173RD STREET, #126  
MIAMI, FL 33015

\*\*\*\*\*

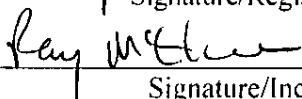
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



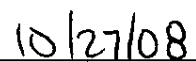
Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED  
08 OCT 30 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA