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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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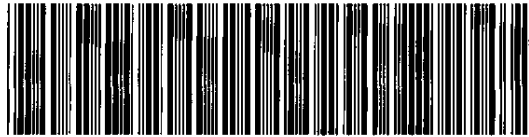
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: KINGS & QUEENS FAMILY CARE CENTER
(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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: DONNA MARIE ROBINSON
Name (Printed or typed)

826 TERRANA WAY
Address

PENSACOLA FL 32505
City, State & Zip

850-434-2358 / 850-982-4560
Daytime Telephone number

EIN NO. # 27-0208497

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:

KINGS + QUEENS FAMILY CARE CENTER INC

ARTICLE II PRINCIPAL OFFICE

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

826 FERRARA WAY
PENSACOLA FL 32505

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Child + Adult CARE-

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):

DONNA M ROBINSON PRESIDENT
826 FERRARA WAY
PENSACOLA FL 32505

JUDGE T ROBINSON VICE PRESIDENT
826 FERRARA WAY
PENSACOLA FL 32505

ARTICLE VI REGISTERED AGENT

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

DONNA M ROBINSON
826 FERRARA WAY
PENSACOLA FL 32505

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA M ROBINSON
826 FERRARA WAY
PENSACOLA FL 32505

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

5/19/09

Date



Signature/Incorporator

5/19/09

Date

FILED
09 MAY 22 AM 9:52
CLERK OF CIRCUIT COURT
PENSACOLA, FLORIDA