

P09000055054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

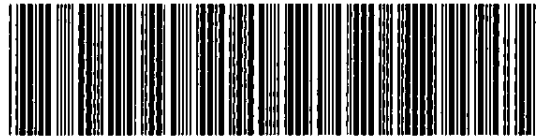
(Business Entity Name)

(Document Number)

Certified Copies. _____ Certificates of Status. _____

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2009 JUN 24 P 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

68-56-9

COVER LETTER

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

SUBJECT: My City Sitters, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Shavondra Killings
Name (Printed or typed)

19397 N.W. 13th Street
Address

Pembroke Pines, FL 33029
City, State & Zip

(305) 467-1538
Daytime Telephone number

shavonkillings@aol.com
E-mail address: (to be used for future annual report notification)

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:

My City Sitters, Inc.

ARTICLE II PRINCIPAL OFFICE

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

19397 N.W. 13th Street
Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

(P) Shavondra Killings
19397 N.W. 13th Street
Pembroke Pines, FL 33029

ARTICLE VI REGISTERED AGENT

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

Shavondra Killings
19397 N.W. 13th Street
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

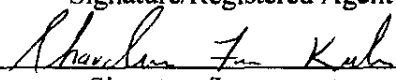
The name and address of the Incorporator is:

Shavondra Killings
19397 N.W. 13th Street
Pembroke Pines, FL 33029

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

6/17/09

Date

6/17/09

Date

SECRETARY OF STATE
FLORIDA

2009 JUN 24 P 12:34

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