# P10000079528

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	15
PICK-UP WAIT MAIL	
(Business Entity Name)	_#_
(Dusiness Enuty Name)	Î
(Document Number)	1
Certified Copies Certificates of Status	—
Special Instructions to Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 SEP 27 PH 4: 21





# **COVER LETTER**

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

SUBJECT: TREAS	SURE CHEST CHILD CARE, INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	i 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 REQUIRE	
FROM: <u>S</u>	YLVIA ANN BLANFORD Nam	e (Printed or typed)	
24	30 NW 155th TERRACE		
		Address	
MI	AMI GARDENS, FLORIDA 33054	, State & Zip	<del></del>
	City	, State & Zip	
<u>(78</u>	36) 299-8274		
	Daytime 7	relephone number	<u> </u>
itea	achbabies@gmail.com		
<del></del> -	E-mail address: (to be use	ed 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)



10 SEP 27 PM 4: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

TREASURE CHEST CHILD CARE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2430 NW 155th TERRACE
MAIMI GARDENS, FLORIDA 33054

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CHILD CARE FOR CHILDREN AGES INFANT TO PRESCHOOL

### 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):

SYLVIA BLANFORD, PRESIDENT 2430 NW 155th TERRACE MIAM! GARDENS, FLORIDA PRINCESS BRIGGS, ADMINISTRATIVE DIRECTOR

MIAMI GARDENS, FLORIDA 33054 2151 WILMINGTON STREET OPA-LOCKA, FLORIDA 33054

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: SYLVIA BLANFORD

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2430 NW 155th TERRACE

MIAMI GARDENS, FLORIDA 33054

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SYLVIA BLANFORD

2430 NW 155th TERRACE

MIAMI GARDENS, FLORIDA 33054

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/Registered Agent

Signature/Incorporator

**SEPTEMBER 20, 2010** 

Date

**SEPTEMBER 20, 2010** 

Date