

P100000085808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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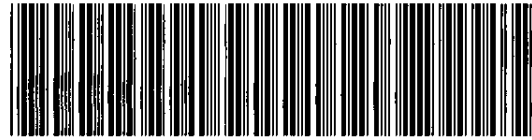
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 19 PM 4:43

APPROVED
AND
FILED

11/1

COVER LETTER

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

SUBJECT: Beginning Stages Learning 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: Vivian Garcia

Name (Printed or typed)

6730 SW 85th Street

Address

Ocala, FL 34476

City, State & Zip

352-854-0422

Daytime Telephone number

bsdclc@embarqmail.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: Beginning Stages Learning Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6730 SW 85th Street
Ocala, FL 34476

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to care & teach children ages infant to 12 years old.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Vivian Garcia</u>	Name and Title: _____
Address: <u>14497 SW 29th Terrace</u>	Address: _____
<u>Ocala, FL 34473</u>	_____

Name and Title: <u>Carmen Garcia</u>	Name and Title: _____
Address: <u>4600 SW 100th Lane</u>	Address: _____
<u>Ocala, FL 34476</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Vivian Garcia
Address: 14497 SW 29th Terrace
Ocala, FL 34473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vivian Garcia
Address: 14497 SW 29th Terrace
Ocala, FL 34473

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



Required Signature/Registered Agent

10/14/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/14/2010

Date

10 OCT 19 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED