

P/10000/50/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

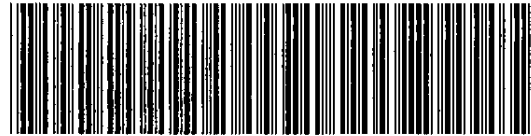
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/11--01016--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 10 PM 12:43

APPROVED
AND
FILED

1/2

COVER LETTER

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

SUBJECT: Giddy Up Preschool & Daycare 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: Tamala VanZant

Name (Printed or typed)

551411 u s Hwy 1

Address

Hilliard, Fl. 32046

City, State & Zip

904 845-2184

Daytime Telephone number

giddyuppreschool@yahoo.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)

APPROVED
AND
FILED

11 FEB 10 PM 12:43

ARTICLE I NAME

Giddy Up Preschool & Daycare Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
551411 U S Hwy 1
Hilliard, FL 32046

Mailing address, if different

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tamala P. VanZant owner/pres
Address: 17103 McIntosh rd
Hilliard, FL 32046

Name and Title: Sherral A. Pike owner/Vice Pres
Address: 28226 Pike Rd
Hilliard, FL 32046

Name and Title: Kinsey N. VanZant treasure
Address: 17103 McIntosh Rd
Hilliard, FL 32046

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Tamala P. VanZant
Address: 17103 McIntosh Rd
Hilliard, FL 32046

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tamala P. VanZant
Address: 17103 McIntosh Rd
Hilliard, FL 32046

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

Tamala P. VanZant

Required Signature/Registered Agent

2/7/11

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.

Tamala P. VanZant

Required Signature/Incorporator

2/7/11

Date