

P110000027824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

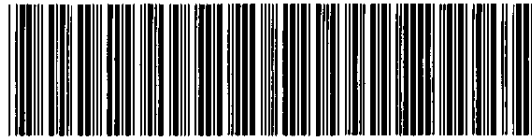
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/22/11--01005--007 **70.00

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11 MAR 22 AM 10:44

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAR 22 AM 10:56

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MRS
3/22

COVER LETTER

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

SUBJECT: Anchor Inc. Child Care Development 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 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: Melissa Siplin
Name (Printed or typed)

306 Hampton Ave
Address

Tallahassee, FL 32310
City, State & Zip

850-459-8569
Daytime Telephone number

msiplin306@gmail.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: Anchor Inc. child Development Center

ARTICLE II PRINCIPAL OFFICE

Principal street address
506 Hampton Ave
Tallahassee, FL 32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide childcare services that develops children in Faith, character and Education

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Siplin President Name and Title:
Address: 506 Hampton Ave Address:
Tallahassee, FL 32310

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

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: Melissa Siplin
Address: 506 Hampton
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Siplin
Address: 506 Hampton Ave
Tallahassee, FL 32310

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

Melissa Siplin

Required Signature/Registered Agent

03-22-11
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.

Melissa Siplin

Required Signature/Incorporator

03-22-11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA