

P11000042282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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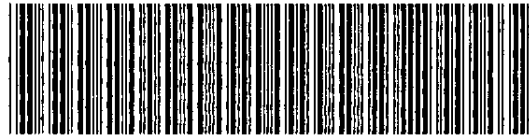
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 MAY -2 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers MAY 03 2011

COVER LETTER

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

SUBJECT: BUGABOOS KIDS CLUB & 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: LORRY JACKSON  
Name (Printed or typed)

8765 HIDEAWAY HARBOR CT  
Address

NAPLES FL 34120  
City, State & Zip

239 398 8723  
Daytime Telephone number

LORRY JACKSON @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: BUGABOOS KIDS CLUB & LEARNING CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15250 S TAMiami TR #115-116  
FORT MYERS FL 33908

Mailing address, if different is:

8765 HIDEAWAY HARBOR CT  
NAPLES FL 34120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CHILD CARE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LORRY JACKSON PRES  
Address: 8765 HIDEAWAY HARBOR CT  
NAPLES FL 34120

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: LORRY JACKSON  
Address: 8765 HIDEAWAY HARBOR CT  
NAPLES FL 34120

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LORRY JACKSON  
Address: 8765 HIDEAWAY HARBOR CT  
NAPLES FL 34120

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

Lorry Jackson

Required Signature/Registered Agent

4/28/11

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.

Lorry Jackson

Required Signature/Incorporator

4/28/11

Date

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TALLAHASSEE, FLORIDA

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