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(Requestor's Name)

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(City/State/Zip/Phone #)

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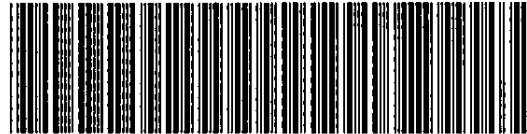
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: The Future Little Learners 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: Maria I Aragon
Name (Printed or typed)

725 North Summit Street
Address

Crescent City, FL 32112
City, State & Zip

386-916-9859
Daytime Telephone number

Leon@lh-Bookkeeping.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: The Future Little Learners Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
725 North Summit Street
Crescent City, FL 32112

Mailing address, if different is:

725 North Summit Street
Crescent City, FL 32112

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide childcare during the day and night while parents work.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria I Aragon / President	Name and Title: _____
Address: 725 North Summit Street	Address: _____
Crescent City, FL 32112	_____

Name and Title: Pamela Swinhart / Director	Name and Title: _____
Address: P.O. Box 460	Address: _____
Lake Como, FL 32157	_____

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: Maria I Aragon
Address: 725 North Summit Street
Crescent City, FL 32112

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria I Aragon
Address: 725 North Summit Street
Crescent City, FL 32112

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.

X Maria Aragon
Required Signature/Registered Agent

05/27/2011
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.

X Maria Aragon
Required Signature/Incorporator

05/27/2011
Date

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ARTICLE
AND
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