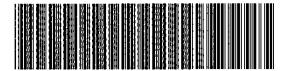
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
| Certified copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TRYNAL INF 08 SOLL

CHIEFLAND DAYCARE AND LEARNING CENTER, INC.

POST OFFICE BOX 979

CHIEFLAND, FLORIDA 32644-0979

352-493-1400

CHIEFLANDDAYCARE@GMAIL.COM

RE: Corporate Filing: 500199021425

To Whom This May Concern:

Please find enclosed my new Articles of Incorporation for Chiefland Daycare and Learning Center. Also please release the name for document N10000002517 immediately as I am the same company only changing the status from non-profit to profit.

I am not reinstating the N10000002517 for and release its name.

Should you have any questions, please feel free to call me at the above number or at my primary office at the numbers below.

Sincerely,

Robert L. Williams, PVST

3524865420X3 3523183968 ccl

Enclosures

Articles of Incorporation

Check

COVER LETTER

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

| SUBJECT: Chiefland Daycare and Learning Center (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | |
|--|---|---|------------------|--|--|
| Enclosed are an original and one (1) copy of the arti | cles of incorporation ar | nd a check for: | | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | | | |
| FROM: Robert L Williams | (Printed or typed) | | | | |
| 11590 NW 68th Terrace | Address | TALLAH J | 3 3 5 - | | |
| Chiefland, Florida 3262 | 6 State & Zip | 1 - 7 / B | | | |
| 352-486-5420 ext 3 Daytime T | elephone number | West of the second | | | |
| bob williams@bellsouth E-mail address: (to be used | .net d for future annual repor | | | | |

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: Chiefland Daycare and Learning Center, Inc. | | | | |
|---|---|---|----------------|--|
| | RINCIPAL OFFICE Principal street address SW 17th Avenue | Mailing address, if different is: P O Box 979 | | |
| <u>C</u> hi | efland, Florida 32626 | Chiefland, Florida 32644-0979 | | |
| Provide day car | IRPOSE th the corporation is organized is: re and learning for children and after reparation for adult students after c | | | |
| ARTICLE IV S. The number of shares | | | | |
| | NITIAL OFFICERS AND/OR DIRECTOR | | | |
| Name and Title | :Robert L, Williams PVST 11590 NW 68th Terrace Chiefland, Florida 32626 | Name and Title: Address: | | |
| Name and Title Address: | <u> </u> | Address: | | |
| Name and Title Address: | : | Name and Title:Address: | | |
| ARTICLE VI R | EGISTERED AGENT | | . . | |
| | la street address (P.O. Box NOT acceptable) of | | | |
| Name: | Robert L. Williams | _ | | |
| Address: | 11590 NW 68th Terrace Chiefland, Florida 32626 | _ | A | |
| | • | _ | | |
| ARTICLE VII II | | | | |
| Name: | ss of the Incorporator is: Robert L Williams | | | |
| Address: | 11590 NW 68th Terrace Chiefland, Florida | - - - | 90 | |
| | as registered agent to accept service of proces amiliar with and accept the appointment as reg | | | |
| Kulut | LAMILIANA | | 07/06/2011 | |
| - x jouen | Required Signature/Registered Agent | | Date | |
| | ent and affirm that the facts stated herein are artment of State constitutes a third degree felon | | | |
| Doling | I Williams | | 07/06/2011 | |
| - Journ | Required Signature/Incorporator | | Date | |