

P11000063789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

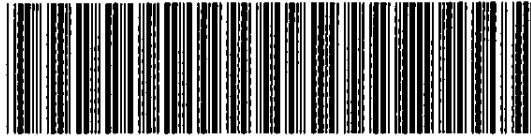
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Certificates of Status ☒

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2011 JUL 15 PM 3:28

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11 JUL 15 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dreams Day Care Center INC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Samuel G McGrew
Contact Person

Dreams Day Care Center
Firm/Company

88 Homan Point Ave
Address

Crawfordville FL 32327
City, State and Zip Code

dreamsdaycarecenter@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Williams at (850) 510-0776
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$105.00 Filing Fees	<input checked="" type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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: **Dreams Day Care Center INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

470 Spring creek hwy

Crawfordville FL 32327

Mailing address, if different is:

3 Gavin Rd

Crawfordville FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Day care center

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel G McGrew / President

Address: 88 Homan Point Ave

Crawfordville FL 32327

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Samuel G McGrew

ARTICLE VI REGISTERED AGENT

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

Name: Samuel G McGrew

Address: 88 Homan Point Ave

Crawfordville FL 32327

ARTICLE VII INCORPORATOR

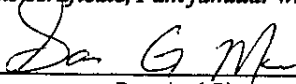
The name and address of the Incorporator is:

Name: Samuel G McGrew

Address: 88 Homan Point Ave

Crawfordville FL 32327

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

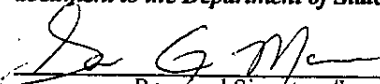


Required Signature/Registered Agent

7-15-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature/Incorporator

7-15-11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA