

P11000069246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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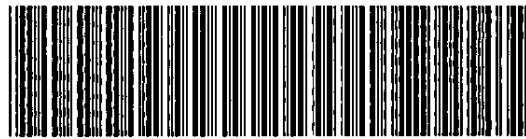
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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8/2/11

COVER LETTER

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

SUBJECT: God's Lil Treasures Day Care
(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: Jerline Galloway
Name (Printed or typed)
P.O. Box 356
Address
Interlachen, FL 32148
City, State & Zip
386-972-1803
Daytime Telephone number
godsliltreasuredaycare@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: God's lil' Treasures Day Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1139 Hwy 20
Interlachen, FL
32148

Mailing address, if different is:
P.O. Box 356
Interlachen, FL
32148

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized for transacting any and all lawful business for which corporations may be incorporated in The State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 500 hundred, common shares with par value of one dollar

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerline Galloway, D
Address: P.O. Box 356
Interlachen, FL
32148

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Jerline Galloway
Address: 1146 Hwy 20
Interlachen, FL 32148

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jerline Galloway
Address: P.O. Box 356
Interlachen, FL 32148

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DIVISION OF CORPORATION

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

Jerline Galloway
Required Signature Registered Agent

July 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.

Jerline Galloway
Required Signature Incorporator

July 27, 2011
Date