

P11000095299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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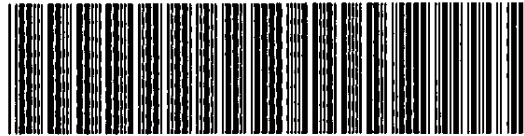
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV - 1 PM 2:08

PS 11/2/11

COVER LETTER

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

SUBJECT: A Mother's Touch DayCare, 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: Maxine Y. Brown
Name (Printed or typed)

6315 S. Magnolia Ave
Address

Ocala, FL 34471
City, State & Zip

(352) 875-3128
Daytime Telephone number

anotherstouch80@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

A Mother's Touch DayCare, Inc.

The name of the corporation shall be:

11 NOV -1 PM 2:09

ARTICLE II PRINCIPAL OFFICE

Principal street address
2875 S. E. 58th Ave
Ocala, FL 34472

Mailing address, if different is:
P.O. Box 3388
Bellevue, Florida 34421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a safe haven in day care through a Christian environment. To prepare children for a ever changing society through education, love, and motherly support.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maxine Y. Brown

Address: P.O. Box 3388
Bellevue, Florida 34421

Name and Title: Vice President/Administrator

Address: 6315 S. Magnolia Ave
Ocala, FL 34471

Name and Title: Linda D. Williams

Address: 6315 S. Magnolia Ave
Ocala, FL 34471

Name and Title: President

Address:

Name and Title: Linshasa Wright

Address: 8098 Juniper Road
Ocala, FL 34480

Name and Title: Director

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Maxine Y. Brown

Address: 6315 S. Magnolia Ave
Ocala, FL 34471

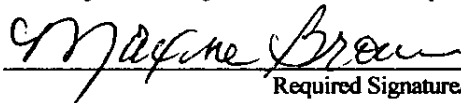
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maxine Y. Brown

Address: P.O. Box 3388
Bellevue, Florida 34421

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

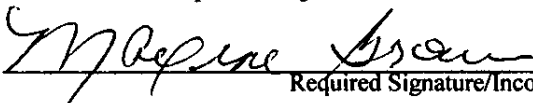


Required Signature/Registered Agent

October 18, 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.



Required Signature/Incorporator

October 18, 2011

Date