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(Requestor's Name)

(Address)

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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

amotherstouch80@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)

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ARTICLE I NAME
The name of the corporation shall be: A Mother's Touch DayCare, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mailing address, if different is:
P.O. Box 3388
Belleview, 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, Belleview, 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, Belleview, 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

Maxine Brown
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.

Maxine Brown
Required Signature/Incorporator — October 18, 2011 Date