

P120000010915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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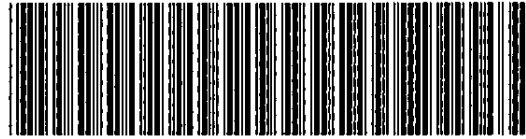
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 31 PM 1:02

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8

## COVER LETTER

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

**SUBJECT: CHILDREN OF LIBERTY 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: TERRI A HALL**

Name (Printed or typed)

**10006 BELESHORE CIR, WEST**

Address

**JACKSONVILLE FLORIDA**

City, State & Zip

**(904) 356-4415**

Daytime Telephone number

**NAUTICA904@GMAIL.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)

**ARTICLE I NAME** CHILDREN OF LIBERTY INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

232 E. 19TH STREET  
JACKSONVILLE, FLORIDA  
32206

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CHILD CARE CENTER

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TERRI HALL  
Address: 232 EAST 19TH STREET  
JACKSONVILLE, FLORIDA  
32206

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: TERRI A HALL  
Address: 10006 BELLESHORE CIR. WEST  
JACKSONVILLE, FLORIDA 32218

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TERRI A HALL  
Address: 10006 BELLESHORE CIRCLE WEST  
JACKSONVILLE, FLORIDA 32218

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

*Mrs. Terri Hall*

Required Signature/Registered Agent

01/26/12

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.

*Mrs. Terri Hall*

Required Signature/Incorporator

01/26/12

Date

PAID  
12 JAN 31 PM 1:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS