

P/2000043709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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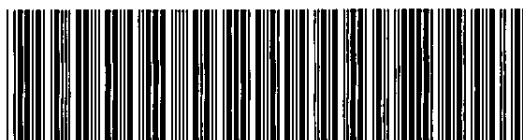
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/10/12--01001--022 **78.75

RECEIVED
12 MAY -9 PM 4:46
DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

FILED
12 MAY -9 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 05/09/12

COVER LETTER

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

SUBJECT: TINY TEACUP AT CHAPPELL'S, ACADemy, 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: KIANNE J. BREWER
Name (Printed or typed)

3978 BREEZE CT
Address

TALLAHASSEE, FLORIDA 32303
City, State & Zip

(850) 766-6222
Daytime Telephone number

tinyteacupacademy@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

The name of the corporation shall be:

TINY TBAUP AT CHAPPELL'S ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3978 BREEZEE CT
TALLAHASSEE FLORIDA 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE QUALITY CHILDCARE
AND PRESCHOOL SERVICES TO
CHILDREN OF LEON, GADSDEN,
WAKULLA, AND SURROUNDING COUNTIES.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIANNT J. BREWER, CEO Name and Title: _____

Address: 3978 BREEZEE COURT Address: _____

TALLAHASSEE FL 32303

Name and Title: ANGELA MITCHELL, DIRECTOR Name and Title: _____

Address: 6070 PRICETER ROAD Address: _____

TALLAHASSEE FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANGELA MITCHELL
Address: 6070 PRICETER ROAD
TALLAHASSEE FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIANNT J. BREWER
Address: 3978 BREEZEE COURT
TALLAHASSEE FL 32303

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

5/09/12

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.



Required Signature/Incorporator

5/09/12

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA