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(Requestor's Name)

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(Address)

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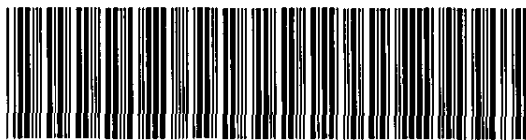
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 JUL -5 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-5-12

COVER LETTER

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

SUBJECT: Enrichment Development Center of FL, 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: Vickie Rutledge
Name (Printed or typed)

P.O. Box 116433
Address

Tallahassee, FL 32317
City, State & Zip

850-459-9455
Daytime Telephone number

princess.0120@live.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)

North
of Florida, Inc.

ARTICLE I NAME

The name of the corporation shall be:

Enrichment Development Center, ~~Inc.~~

ARTICLE II PRINCIPAL OFFICE

Principal street address

2705 Allen Rd
Tallahassee, FL 32304

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Education Center /
Daycare

ARTICLE IV SHARES

The number of shares of stock is:

~~100 shares~~ 100 shares between 2 people

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorenza Rutledge (President)
Address: P.O. Box 16433
Tallahassee, FL 32317

Name and Title: Vickie Rutledge (Owner)
Address: P.O. Box 16433
Tallahassee, FL 32317

Name and Title: Amanda House (Sec)
Address: P.O. Box 16434
Tallahassee, FL 32317

Name and Title: Melissa Rios (Treasurer)
Address: 2885 Jim Lee Rd
Tallahassee, FL 32301

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: Vickie Rutledge
Address: 2885 Jim Lee Rd
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Vickie Rutledge
Address: 2885 Jim Lee Rd
Tallahassee, FL 32301

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

[Signature]
Required Signature/Registered Agent

7/5/12
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.

[Signature]
Required Signature/Incorporator

7/5/12
Date