

P12000079124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

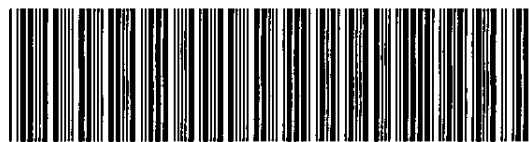
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-18-12

COVER LETTER

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

SUBJECT: Arelis Lapworth FCC H Co.
(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:

Mrs. Arelis Lapworth
Name (Printed or typed)

29265 SW 167 Ave.
Address

Homestead, FL 33030
City, State & Zip

305-245-9904
Daytime Telephone number

arelislapworth@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)

ARTICLE I NAME

The name of the corporation shall be: Arelis hapworth FCCH Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 29265 SW 167 Ave
Homestead, FL 33030
Mailing address, if different is: n/a

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Arelis hapworth FCCH Co. (Family Child Care Home)
is a day care business which cares for up to
10 children (ages 4 and below) in my house.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Arelis hapworth</u>	Name and Title: _____
Address: <u>President</u>	Address: _____
<u>29265 SW 167 Ave.</u>	
<u>Homestead, FL 33030</u>	
Name and Title: <u>Richard hapworth</u>	Name and Title: _____
Address: <u>Vice President / Treasurer</u>	Address: _____
<u>29265 SW 167 Ave.</u>	
<u>Homestead, FL 33030</u>	
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Michael S. Rothman
Address: 14781 SW 94th Ave
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael S. Rothman
Address: 14781 SW 94th Ave
Miami, FL 33176

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

Michael S. Rothman
Required Signature/Registered Agent

8/14/2012
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.

Michael S. Rothman
Required Signature/Incorporator

8/14/2012
Date