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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 20 AM 10:42

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COVER LETTER

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

SUBJECT: NO CHILD LEFT BEHIND LEARNING CENTER, 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: LYNETTE BUTTS

Name (Printed or typed)

P.O. BOX 262

Address

SOUTH BAY, FL. 33493

City, State & Zip

561-635-9057

Daytime Telephone number

BUTTSLYNETTE@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:

NO CHILD LEFT BEHIND LEARNING CENTER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
632 CONVENANT DRIVE
BELLE GLADE, FL. 33430

Mailing address, if different is:

P.O. BOX 262
SOUTH BAY, FL. 33493

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE QUALITY CHILDCARE FOR CHILDREN IN THE TRI-CITY COMMUNITY.

ARTICLE IV SHARES

The number of shares of stock is 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARRISSA YOUNG
Address: 790 CARISSA DR
ROYAL PALM BEACH FL 33411
(PRESIDENT)

Name and Title: _____
Address: _____

Name and Title: LYNETTE BUTTS
Address: 260 SW 9TH AVE
SOUTH BAY FL. 33493
(VICE-PRESIDENT)

Name and Title: _____
Address: _____

Name and Title: SHANTAY BUTTS
Address: 260 SW 9TH AVE
SOUTH BAY FL 33493
(SECRETARY)

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: LYNETTE BUTTS
Address: 260 SW 9TH AVE
SOUTH BAY FL 33493

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARRISSA YOUNG
Address: 790 CARISSA DR
ROYAL PALM BEACH FL. 33411

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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

Lynette Butts
Required Signature/Registered Agent

9-17-2012
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.

Arrissa Young
Required Signature/Incorporator

9.17.12
Date