

P13000004648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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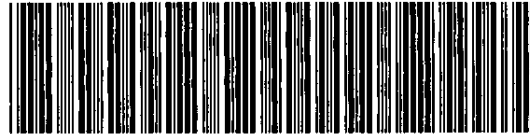
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 11 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/14/13

COVER LETTER

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

SUBJECT: Tots Of Love, Corp.

(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: Lisa Cenyour

Name (Printed or typed)

17701 Lily Blossom Lane

Address

Orlando, FL 32820

City, State & Zip

407.733.0680

Daytime Telephone number

totsoflovefl@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: **Tots Of Love, Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
17701 Lily Blossom Lane
Orlando, FL 32820

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **The purpose of this corporation is to provide quality, reliable, and consistent child care services to those seeking a day care provider.**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Conyour - Owner & CEO

Address: 17701 Lily Blossom Lane
Orlando, FL 32820

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: Lisa Conyour
Address: 17701 Lily Blossom Lane
Orlando, FL 32820

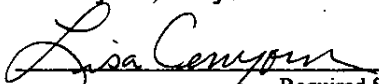
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eric Q. Conyour
Address: 511 Brookhaven Dr.
Orlando, FL 32803

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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

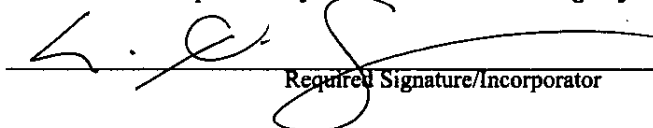


Required Signature/Registered Agent

12/31/12

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

12/31/12

Date