

P13000048180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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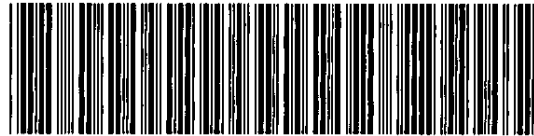
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

06/04/13

## COVER LETTER

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

SUBJECT: CC's Fun At Play Day Care Serv. 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: Celia Cuyler  
Name (Printed or typed)  
3535 Robert's Ave. #213  
Address  
Tallahassee, Florida 32310  
City, State & Zip  
850-345-3604  
Daytime Telephone number  
celia64c@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: CC's Fun At Play Day Care Serv. INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1414 Cleveland St  
Tallahassee Florida  
32310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Day Care service

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lydia Peterson, Director Name and Title: \_\_\_\_\_

Address: 916 South Lipona Rd. Address: \_\_\_\_\_

Tallahassee  
Florida 32304

Name and Title: Celia Cuyler Director Name and Title: \_\_\_\_\_

Address: 3535 Roberts Ave. Address: \_\_\_\_\_

#213 Tallahassee  
Florida 32310

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(conti.)

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: Celia Cyler  
Address: 3535 Roberts Ave, 213  
Tallahassee, Florida 32310

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lydia Peterson  
Address: 916 South Lipona Rd.  
Tallahassee, FL 32304

*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*

Celia Cyler  
Required Signature/Registered Agent

06/04/13  
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.*

Lydia Peterson  
Required Signature/Incorporator

06/04/13  
Date