

JUL 17 2013 4:22PM

CAPITAL CONNECTION

Division of Corporations

P13000059884

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000160371 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I200000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 17 AM 10:46

FLORIDA PROFIT/NON PROFIT CORPORATION

Sweet Impressions Child Development Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED
13 JUL 17 PM 4:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

PS 7/17/13

COVER LETTER

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

SUBJECT: Sweet Impressions Child Development 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: Stacy Williams

Name (Printed or typed)

1760 S. Ivey Lane

Address

Orlando, FL 32811

City, State & Zip

Daytime Telephone number

Stacykarell@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

JUL 17 2013 4:42PM

CAPITAL CONNECTION

NO. 4801 P. 3
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

13 JUL 17 AM 10:46

ARTICLE I NAME

The name of the corporation shall be: Sweet Impressions Child Development Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1760 S. Ivey Lane

Orlando, FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which this corporation is organized is to provide convenient, high quality care and child development to children and their families.

ARTICLE IV SHARES 10,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacy K. Williams, President

Name and Title: _____

Address: 1760 S. Ivey Lane
Orlando, FL 32811

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

JUL 17 2013 4:42PM

CAPITAL CONNECTION

NO. 4801 P. 4
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUL 17 AM 10:46

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:

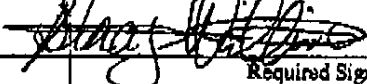
Name: Stacy Williams
Address: 1760 S. Ivey Lane
Orlando, FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stacy Williams
Address: 1760 S. Ivey Lane
Orlando, FL 32811

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

7-17-2013
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.817.135, F.S.


Required Signature/Incorporator

7-17-2013
Date