

PIB0000084086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100251273401

09/04/13--01013--013 **70.00

FILED
13 OCT 11 AM 7:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

9/9
96
W13- 49722

COVER LETTER

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

SUBJECT: A KID'S LEARNING EXPERIENCE, 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: THERESA ROBINSON

Name (Printed or typed)

11769 SILVER HILL DR

Address

JACKSONVILLE FL 32218

City, State & Zip

904-298-4933

Daytime Telephone number

THRRBNS@AOL.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2013

THERESA ROBINSON
11769 SILVER HILL DR
JACKSONVILLE, FL 32218

SUBJECT: A KID'S LEARNING EXPERIENCE, INC
Ref. Number: W13000049722

RECEIVED
13 OCT 11 AM 9:59
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A KID'S LEARNING EXPERIENCE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 813A00021182

* I never recieved the
m/o of 70⁰⁰ back, it's
still in your office.
Thanks

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: A Kid's Learning Experience, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1868 Parental Home Rd

Jacksonville, FL 32216

Mailing address, if different is:

11769 Silver Hill Dr.

Jacksonville, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation is organized for the following purpose:

The transaction of any and all lawful business for which Corporations may be incorporated,
including but not limited to those powers enumerated in Florida Statutes 607.0302, ET. SEQ., As
amended, and doing of all lawful things related to thereto.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 Shares of 1.00 Per Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theresa Robinson/President

Address: 11769 Silver Hill Drive
Jacksonville, FL 32218

Name and Title: Latrice Reeves/Director

Address: 2914 Alaskan Way
Jacksonville, FL 32226

Name and Title: Jean Walker/Asst. Director

Address: 1985 Hardee Street
Jacksonville, FL 32209

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
13 OCT 11 AM 7:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(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: Theresa Robinson
Address: 11769 Silver Hill Dr.
Jacksonville, FL 32218


FILED
13 OCT 11 AM 7:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Theresa Robinson
Address: 11769 Silver Hill Dr.
Jacksonville, FL 32218

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

10/8/13
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.


Required Signature/Incorporator

10/8/13
Date