

P140000000244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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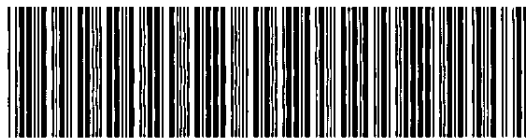
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN -2 PM 1:35
DIVISION OF CORPORATE

14 JAN -2 PM 1:46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: All My Children Child Care & Preschool, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Schlisa Gaines
Name (Printed or typed)
8129 Blackjack Road
Address
Tallahassee, FL 32305
City, State & Zip
850 274-7019
Daytime Telephone number
schlisa5@aol.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: All My Children Child Care & Preschool, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8129 Blackjack Road
Tallahassee, Florida 32305

Mailing address, if different is:

8129 Blackjack Road
Tallahassee, Florida 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate and maintain a child care and preschool center for infants through five years of age, including a program for pre-kindergarten for children that are four years of age by the required deadline as determined by the State of Florida. And all lawful activities relative to operating a child care center.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Schlisa Gaines, President/Owner

Address 8129 Blackjack Road
Tallahassee, FL 32305

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

14 JAN 12 PM 1:48
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TALLAHASSEE, FLORIDA

(conti.)

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Name and Title: _____ Name and Title: 14 JAN -2 PM 1:48

Address _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Schlisa Gaines
Address: 8129 Blackjack Road
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Schlisa Gaines
Address: 8129 Blackjack Road
Tallahassee, FL 32305

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

1/2/14

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

1/2/14

Date