

P/400000 2838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

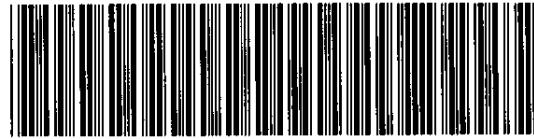
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/13/14--01007--016 **120.00

01/13/14--01007--021 **20.00

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SECRETARY OF STATE
14 JAN 13 PM 1:08

14 JAN 13 PM 1:26
SECRETARY OF STATE
FLORIDA

[Handwritten signature]

1/13/14

COVER LETTER

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

SUBJECT: Anywhere Event Playcare, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kristylen Washington
Name (Printed or typed)

3209 Triton Circle
Address

Tallahassee, FL 32312
City, State & Zip

850-933-6081
Daytime Telephone number

Kay.jewellert@uphaa.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:

Anywhere Event Playcare, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3209 Triton circle

Tallahassee, FL 32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide childcare services and entertainment for events.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kristylen Washington-CEO

Name and Title:

Cleveland Washington-CFO

Address

3209 Triton circle

Address:

3209 Triton circle

Tallahassee, FL 32312

Tallahassee, FL 32312

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(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: Kristylen Washington

Address: 3209 Triton circle

Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

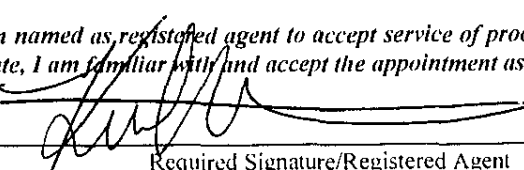
The **name and address** of the Incorporator is:

Name: Kristylen Washington

Address: 3209 Triton circle

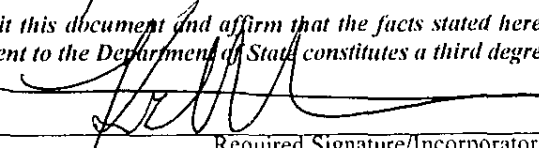
Tallahassee, FL 32312

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

11/13/2014
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

11/13/2014
Date