

P14000036799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

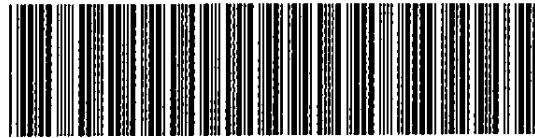
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SECRET/NO CO STATE
TALLAHASSEE FLORIDA

14 APR 25 AM 10:45

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: SPROUTING KIDS ACADEMY, 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: Keyisha Thomas
Name (Printed or typed)

1242 Blountstown Hwy
Address

Tallahassee FL 32301
City, State & Zip

(850) 768-4120
Daytime Telephone number

keysha09@hotmail.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: Sprocketing Kids @ academy Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1242 Blanskan Hwy

Tallahassee FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ch. W. Lane Center

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henisha Thomas (Director) Name and Title: _____

Address: 1242 Blanskan Hwy Address: _____

Tallahassee FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(cont.)

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: Henisha Thomas
Address: 1242 Blomstein Hwy
Tallahassee FL 32304

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henisha Thomas
Address: 1242 Blomstein Hwy
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

Henisha Thomas D-B-A
Required Signature/Registered Agent

4-24-14
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.

Henisha Thomas D-B-A
Required Signature/Incorporator

4-24-14
Date