

P14 600053818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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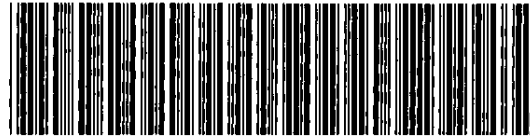
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 18 AM 9:02

6/20/14

COVER LETTER

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

SUBJECT: Azalea Park Child Care, 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: Elizabeth Alison Petrie

Name (Printed or typed)

1272 Grady Lane

Address

Champions Gate, FL 33896

City, State & Zip

321-277-7128

Daytime Telephone number

alisonpetrie@gmail.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: Azalea Park Child Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1272 Grady Lane
Champions Gate, FL 33896

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ownership and operation of Azalea Park Learning Center.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Elizabeth Alison Petrie</u>	Name and Title:	<u>Coleman Alan Petrie</u>
Address	<u>President</u>	Address:	<u>Vice President</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(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: Coleman Alan Petrie
Address: 1272 Grady Lane
Champions Gate, FL 33896

ARTICLE VII INCORPORATOR

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

Name: Coleman Alan Petrie
Address: 1272 Grady Lane
Champions Gate, FL 33896

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

Coleman Alan Petrie
Required Signature/Registered Agent

6/9/14
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.

Coleman Alan Petrie
Required Signature/Incorporator

6/9/14
Date