

P14000055830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

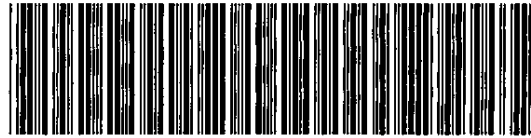
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Dragonflies And Rainbow Skies ^(P2) Day 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: Ruby stine zio
Name (Printed or typed)

7840 Glasgow Dr
Address

New port Richey FL
City, State & Zip

727-364-1569
Daytime Telephone number

rubychoir@yahoo.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: Dragonflies And Rainbow Skies ^(P2) Day Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7840 Glasgow Dr
New port Richey FL 34653

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational Facility day care

ARTICLE IV SHARES

The number of shares of stock is: 1

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruby stine zio/owner Name and Title: _____

Address: 7840 Glasgow Dr Address: _____
New port Richey FL
34653

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Ruby stine zio
Address: 7840 Glasgow dr
New port Richey FL 34653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

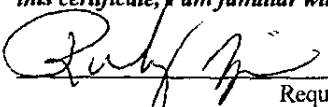
Name: Ruby stine zio
Address: 7840 Glasgow dr
New port Richey FL 34653

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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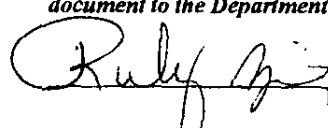
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

6/19/14
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

6/19/14
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2014

RUBY STINE ZIO
7840 GLASCOW DR
NEW PORT RICHEY, FL 34653

SUBJECT: DRAGONFLIES AND RAINBOW SKIES DAY CARE INC.
Ref. Number: W14000039698

We have received your document for DRAGONFLIES AND RAINBOW SKIES DAY CARE 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 114A00013852