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DEPT. 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

SUBJECT: STEPPING STONE 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 ☒ \$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: SHANTRELL STEPHENSON
 Name (Printed or typed)

713 Grove Ave.
 Address

Orlando, Florida 32805
 City, State & Zip

(407) 285-6963
 Daytime Telephone number

sstephenson86@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: STEPPING STONE ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

713 Grove Ave.

Orlando, Florida 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in and carry on all lawful
activities within the State of Florida, and to do the things that
are necessary or proper in connection with corporations organized
and existing under the laws of the State of Florida, including but
not limited to pre-school child care services.

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shantrell Stephenson

Name and Title: _____

(President)

Address _____

Address: _____

713 Grove Ave.

Orlando, Florida 32805

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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: SHANTRELL STEPHENSON
Address: 713 Grove Ave.
Orlando, Florida 32805

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHANTRELL STEPHENSON
Address: 713 Grove Ave.
Orlando, Florida 32805

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

10/15/14
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

10/15/14
Date