

P14000095834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

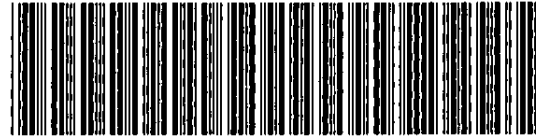
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEC 1 2014

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## COVER LETTER

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

SUBJECT: All About Me Child Care Center 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: DeNisha W Harrell  
Name (Printed or typed)

2953 Alexis Lane  
Address

Tallahassee, FL 32308  
City, State & Zip

850-408-7100  
Daytime Telephone number

williams1179@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: All About Me Child Care Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2042 Lake Bradford rd  
Tallahassee, FL 32310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Child Care

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jasmine Williams (P) Name and Title: \_\_\_\_\_

Address: 1024 Longstreet d Address: \_\_\_\_\_  
Tallahassee, FL  
32311

Name and Title: Denisha W. Harrell (VP) Name and Title: \_\_\_\_\_

Address: 2953 Alexis lane Address: \_\_\_\_\_  
Tallahassee, FL  
32308

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

(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: Vasmine Williams  
Address: 1024 Longstreet dr  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Denisha Williams-Harrell  
Address: 2953 Alexis Lane  
Tallahassee, FL 32308

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TALLAHASSEE FLORIDA

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

Denisha Williams-Harrell  
Required Signature/Registered Agent

12/1/14  
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.

Denisha Williams-Harrell  
Required Signature/Incorporator

12/1/14  
Date