

P15000029194

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15 MAR 30 AM 11:35
ATTORNEY GENERAL'S OFFICE
TALLAHASSEE, FL 32301

1115-16671

2/21

COVER LETTER

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

SUBJECT: MeMe Care Daycare, LLC.
(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: Christen Mari Lake
Name (Printed or typed)

5900 35th Avenue North
Address

Saint Petersburg, FL 33710
City, State & Zip

727-771-5507
Daytime Telephone number

memecaredaycare@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2015

CHRISTEN MARI LAKE
5900 35TH AVENUE NORTH
ST.PETERSBURG, FL 33710

SUBJECT: MEME CARE DAYCARE, LLC
Ref. Number: W15000016671

We have received your document for MEME CARE DAYCARE, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00004751

COVER LETTER

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

SUBJECT: Meme Care Daycare, 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

^{paid}
☐ \$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: Christen Mari Lake
Name (Printed or typed)

5900 35th Avenue North
Address

Saint Petersburg, FL 33710
City, State & Zip

727-771-5507
Daytime Telephone number

memecaredaycare@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: MeMe Care Daycare, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5900 35th Avenue North

Saint Petersburg, FL 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is for profit in
the business of caring and supervising young children.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christen Lake, President Name and Title: _____

Address 5900 35th Avenue North Address: _____

Saint Petersburg, FL 33710

Name and Title: Robert Lake, Treasurer Name and Title: _____

Address 5900 35th Avenue North Address: _____

Saint Petersburg, FL 33710

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: Christen Lake
Address: 5900 35th Avenue North
Saint Petersburg, FL 33716

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christen Lake
Address: 5900 35th Avenue North
Saint Petersburg, FL 33716

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

Christen Lake 3/26/15
Required Signature/Registered Agent 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.

Christen Lake 3/26/15
Required Signature/Incorporator Date