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15 JUN 22 PM 12:37
MOBILE STATE
ATTENTION FLORIDA

untd 6/25

COVER LETTER

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

SUBJECT: MARITZA 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MARITZA HIGGINS
Name (Printed or typed)

6102 DUNCAN RD
Address

RIVERVIEW, FL 33578
City, State & Zip

813-758-6635
Daytime Telephone number

remushiggins@aol.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: MARITZA DAYCARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

MARITZA HIGGINS

6102 DUNCAN RD

RIVERVIEW, FL 33578

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE EDUCATION OF YOUNG CHILDREN FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARITZA HIGGINS - D

Name and Title: N/A

Address 6102 DUNCAN RD

Address: _____

RIVERVIEW, FL 33578

Name and Title: N/A

Name and Title: N/A

Address _____

Address: _____

Name and Title: N/A

Name and Title: N/A

Address _____

Address: _____

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

15 JUN 22 PM 12:37
STATE OF FLORIDA
AT THE OFFICE OF THE
CLERK OF THE
SUPREME COURT

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MAITZA HIGGINS
Address: 6102 DUNCAN RD
RIVERVIEW, FL 33578

ARTICLE VII INCORPORATOR

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

Name: MAITZA HIGGINS
Address: 6102 DUNCAN RD
RIVERVIEW, FL 33578


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 01, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

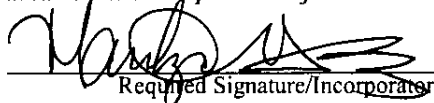


Required Signature/Registered Agent

6/17/2015

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

6/17/2015

Date