

P16000027444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

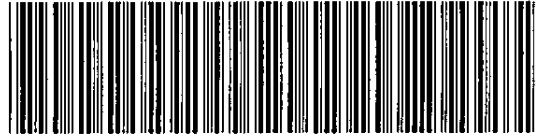
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 ADDITIONAL  
SUFFICIENCY OF FILING

16 MAR 29 AM 9:52

RECEIVED  
BUREAU OF REVENUE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 29 AM 9:54

APPROVED  
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FILED

03-29-16

## COVER LETTER

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

SUBJECT: Majesty Eagles Child Development 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: Tammy Cooper  
Name (Printed or typed)

1346 S Adams st, Suite C  
Address

Tallahassee, FL, 32301  
City, State & Zip

850 322 1588  
Daytime Telephone number

nsayed76@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: Majesty Eagles Child Development Center, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1346 S Adams St. Suite C  
Tallahassee, FL 32301

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: child care center

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Nehad Alsayed (P)

Name and Title:

Address

1346 S Adams St suite C  
Tallahassee FL 32301

Address:

Name and Title:

Tammy Cooper (P)

Name and Title:

Address

1346 S Adams St suite C  
Tallahassee FL 32301

Address:

Name and Title:

Name and Title:

Address

Address:

16 MAR 29 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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: Nehad Alsayed

Address: 1346 S Adams St. Suite C  
Tallahassee FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nehad Alsayed

Address: 1346 S Adams St, Suite C  
Tallahassee FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

[Signature]  
Required Signature/Registered Agent

3/29/16  
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.

[Signature]  
Required Signature/Incorporator

3/29/16  
Date