

P17000043426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900298001759

05/17/17--01008--001 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 17 AM 10:22

FILED  
16 MAY 17 AM 9:32  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

## COVER LETTER

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

SUBJECT: Watch Us Grow Child Care, 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: Vettie P. Collier  
Name (Printed or typed)

114 Arden Rd  
Address

Tallahassee FL 32305  
City, State & Zip

850-528-2235  
Daytime Telephone number

WatchMeGrow114@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: Watch Us Grow Child Care, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

114 Arden Rd  
Tallahassee FL 32305

114 Arden Rd  
Tallahassee FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vettie P. Collier

Name and Title: President

Address: 114 Arden Rd

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

Tallahassee FL

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

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

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

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

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

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

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

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

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: Vettie P. Collier

Address: 114 Arden Rd

Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Watch Us Grow Child Care Inc

Address: 114 Arden Rd

Tallahassee FL 32305

**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

8/17/17

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

8/17/17

Date