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COVER LETTER

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

SUBJECT: A Children's Kastle Christian Learning 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: Jacklyn R. Liebler
Name (Printed or typed)

6110 Osprey Lake Circle
Address

Riverview, Florida 33578
City, State & Zip

813 523 7894
Daytime Telephone number

Jliebler2@hotmail.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: A Children's Kastle Christian Learning Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

918 Cypress Village Blvd.
Ruskin, FL 33573

6110 Osprey Lake Cir.
Riverview, FL 33578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to open a childcare center

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacklyn Liebler (President) Name and Title: _____

Address 6110 Osprey Lake Cir Address: _____
Riverview, FL 33578

Name and Title: Jeff Liebler (Vice President) Name and Title: _____

Address 1821 Coyote Place Address: _____
Brandon, FL 33511

Name and Title: Karen Dubé (Treasurer) Name and Title: _____

Address 1732 Pacific Dunes Dr. Address: _____
Sun City Center, FL 33573

18 FEB - 5 AM 9-16

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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: Jacklyn R. Liebler
Address: 6110 Osprey Lake Cir.
Riverview, FL 33578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacklyn R. Liebler
Address: 6110 Osprey Lake Cir
Riverview, FL 33578

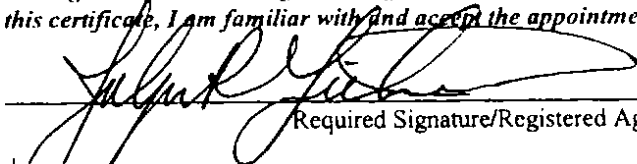
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

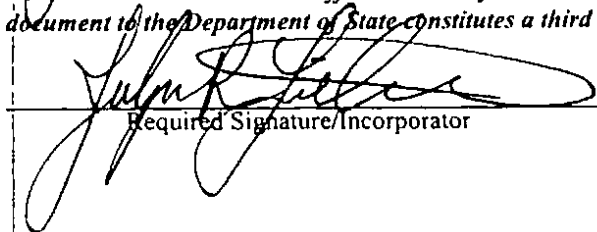
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/29/2018
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

1/29/2018
Date