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T. SCOTT



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: BETTY ALLEN FAMILY DAY CARE HOME 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: BETTY ALLEN
Name (Printed or typed)
233 6TH STREET
Address
APALACHICOLA FL 32320
City, State & Zip
850-323-0931
Daytime Telephone number
stephens0043@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

BETTY ALLEN FAMILY DAY CARE HOME INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

233 6TH ST

APALACHICOLA FLA 32320

ARTICLE III PURPOSE

STARTING A NEW CHILD CARE BUSINESS

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BETTY ALLEN PRESIDENT

Name and Title:

Address 233 6TH ST

Address:

APALACHICOLA FL 32320

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2018 JUN -7 AM 10:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: BETTY ALLEN _____

Address: 233 6TH ST _____

APALACHICOLA FL 32320 _____

ARTICLE VII INCORPORATOR

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

Name: BETTY ALLEN _____

Address: 233 6TH ST _____

APALACHICOLA FL 32320 _____

ARTICLE VIII EFFECTIVE DATE: 06/04/2018

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

Betty Allen
Required Signature/Registered Agent

06/04/2018
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.

Betty Allen
Required Signature/Incorporator

06/04/2018
Date