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## **COVER LETTER**

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

SUBJECT: <u>P</u> C	(PROPOSED CORPOR	ATE NAME - MUST INCL	OF INC	_	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	of the Quintary	·	
FROM:	Charlie H. Ifa				
, , , , , , , , , , , , , , , , , , ,	40550. She	Her St Address		2016 KOY 2	
_	Ryincy FL.	3235)		¥27	[ -

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

shall be: Porde And Joy	Child Deve	lapment Center Inc		
11. OFFICE incipal street address he (F25 5)	M:	Mailing address, if different is:		
, I-C. 32351				
$arepsilon$ corporation is organized is: $\mathcal{C}$ $\mathcal{V}$	vild Day	carc		
OFFICERS AND/OR DIRECTORS		FILE!		
409 so Shelfer	_ Address:	Ex. 2: 34		
Guincy LL 323;	- 			
	_ Name and Title:_			
	_ Address:			
	 -			
	_ Name and Title:_			
	Address:			
	ALOFFICE incipal street address  Dhe (125 5)  I-L: 32351  Ecorporation is organized is: Charlis  OFFICERS AND/OR DIRECTORS  Charlis Harris-JR  405 50 Shelfer  Quincy FL. 3235	incipal street address  DR (P25 5)  Secomporation is organized is: Child Day  OFFICERS AND/OR DIRECTORS  Charlis Harry 5-JR Name and Title:  405 50 5he/fer Address:  Quincy FL, 3235   Name and Title:  Address:		

Address		Address:			-
	<del></del>	_			<del>.</del>
		<del></del>			-
ARTICLE VI REGIST	<u>"ERED AGENT"</u> reet address (P.O. Box NOT acceptable) o	of the registered ag	ent is:		
Name:	barlie Hurris SR	_			
Address: 4	os shelfer gt	_			
	Quinty 16-3235	IJ		2018 NOV 27	
ARTICLE VII INCOR	<u>PORATOR</u>			<b>20</b>	<u> </u>
The <u>name and address</u> o				ASSE ASSE	—233, 333 334 <b>—1</b>
Name:	harlie Harris IR.	_			
Address:	405 30 Shelfer S			2: 31 3 [8]	
_	Rying, FL 323	51		÷1. ; ♣	
ARTICLE VIII EFFE Effective date, if other th (If an effective date is li filing.)	CTIVE DATE: an the date of filing: Nov. 27 sted, the date must be specific and cann	2015 . (O	PTIONAL) ive days prior or 90	days after the	
	I in this block does not meet the applicabl date on the Department of State's records		equirements, this date	will not be listed a	s
this certificate, I am fam	egistered agent to accept service of proce iliar with and accept the appointment as r				in
1 June	Required Signature/Registered Agent		Nov	(27 (8 Date	_
1 submit this document document to the Departm	and affirm that the facts stated herein ar ment of State constitutes a third degree feld	e true. I am awar ony as provided for	e that the false inforn in s.817.155, F.S.	nation submitted in	tan .
Required Sig	nature/Incorporator		_/ <i>\\bar{\bar{\bar{\bar{\bar{\bar{\bar</i>	Date	_

Name and Title: Name and Title: