

P19000055951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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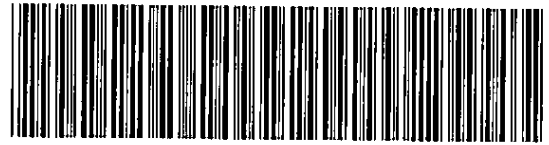
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 27 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FL

J. FASON

JUL 18 2019

COVER LETTER

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

SUBJECT: DIMPLES CHILDCARE, 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: DAVID M. RUTHERFORD, INCOME TAX LAW SPECIALIST

Name (Printed or typed)

P.O. BOX 5530

Address

DESTIN FL 32540

City, State & Zip

850-460-2995

Daytime Telephone number

COUNTRYPRO1@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 DIMPLES CHILDCARE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

4 JAPONICA LANE

SHALIMAR FL 32579

ARTICLE III PURPOSE TO PROVIDE FOR THE GENERAL PUBLIC A FULLY LICENSE
The purpose for which the corporation is organized is: _____
DAYCARE CENTER FOR PEOPLE OF ALL AGES IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATI

COUNTY, AND LOCAL LAWS.

ARTICLE IV SHARES 1,000 COMMON NPV
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	DAPHANEY BRASWELL, PRESIDENT	Name and Title:	DAPHANEY BRASWELL, DIRECTOR
Address	4 JAPONICA LANE	Address:	4 JAPONICA LANE
	SHALIMAR FL 32579		SHALIMAR FL 32579
	_____		_____

Name and Title:	DAPHANEY BRASWELL, SECRETARY	Name and Title:	INTENTIONALLY LEFT BLANK
Address	4 JAPONICA LANE	Address:	_____
	SHALIMAR FL 32579		_____
	_____		_____

Name and Title:	INTENTIONALLY LEFT BLANK	Name and Title:	INTENTIONALLY LEFT BLANK
Address	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FL

Name and Title: INTENTIONALLY LEFT BLANK

Name and Title: INTENTIONALLY LEFT BLANK

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DAPHANEY BRASWELL

Address: 4 JAPONICA LANE

SHALIMAR FL 32579

ARTICLE VII INCORPORATOR

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

Name: DAPHANEY BRASWELL

Address: 4 JAPONICA LANE

SHALIMAR FL 32579

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/15/19 (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

Daphney Braswell
Required Signature/Registered Agent

06/15/19

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.

Daphney Braswell
Required Signature/Incorporator

06/15/19

Date