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(Requestor's Name)

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(City/State/Zip/Phone #)

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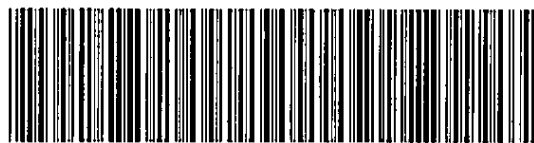
(Business Entity Name)

(Document Number)

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AUG 19 2019

COVER LETTER

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

SUBJECT: P & R KIDDIE COLLEGE, 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: PATRICIA WALKER

Name (Printed or typed)

10663 MONACO DRIVE SUITE 204

Address

JACKSONVILLE, FL 32218

City, State & Zip

904-415-2118

Daytime Telephone number

supsvc0702@yahoo.com

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)

ARTICLE I NAME

P & R KIDDIE COLLEGE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10663 MONACO DRIVE

JACKSONVILLE, FL 32218

ARTICLE III PURPOSE

DAYCARE & EARLY LEARNING CENTER
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA WALKER / PRESIDENT

Name and Title: _____

Address 10663 MONACO DRIVE SUITE 204

Address: _____

JACKSONVILLE, FL 32218

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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JACKSONVILLE, FL



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: JOE D. JEFFERSON
Address: 5412 MORSE AVENUE
JACKSONVILLE, FL 32244

ARTICLE VII INCORPORATOR

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

Name: PATRICIA WALKER
Address: 10663 MONACO DRIVE
JACKSONVILLE, FL 32218

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
06/28/2019
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
06/28/2019
Date