

P95000059960

TRANSMITTAL LETTER

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

200001551922
-08/02/95--01054--007
****122.50 ****122.50

SUBJECT: CHILDREN'S WORKSHOP LEARNING CENTER, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Charalee Bullard
Name (printed or typed)
915 West Orange St.
Address
Lake City, Fl. 32055
City, State & Zip
(904) 755-6059
Daytime Telephone number

SW
8/3/95

FILED
95 AUG -2 AM 11:06
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION **FILED**

CLARK COUNTY, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CHILDREN'S WORKSHOP LEARNING CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

915 West Orange Street, Lake City, Fl. 32055

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Chapalee Bullard
915 West Orange Street
Lake City, Fl. 32055

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Charalee Bullard-- RT. 9, Box 841, Lake City, FL. 32024

Rene Shepard--RT. 9 Box 841, Lake City, FL. 32024

Marlene Del Castillo -- RT. 4 Box 279-A, Lake City, FL. 32024

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 day of July, 19 95.

Charalee Bullard - President
Signature

Rene Shepard - Vice President
Signature

Marlene Del Castillo - Secretary
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CHILDREN'S WORKSHOP LEARNING CENTER, INC.

2. The name and address of the registered agent and office is:

Charalee Bullard

(NAME)

915 West Orange Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lake City, Fl. 32055

(CITY/STATE/ZIP)

FILED
25 AUG -2 AM 11:06
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Charalee Bullard
(SIGNATURE)

July 21, 1995

(DATE)