

P96000100718

TRANSMITTAL LETTER

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

SUBJECT: KIDS KORNER DAY CARE CENTER, INC.
(Proposed corporate name - must include suffix)

400001801184
-04/30/96--01070--014
*****78.75 *****78.75

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

FROM: DENISE L. FRAZIER
Name (printed or typed)

25 EAST 65TH STREET
Address

JACKSONVILLE, FLORIDA 32208
City, State & Zip

904 766-5619
Daytime Telephone number

Denise Frazier GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Cheryl Corp. Name*
DATE *12/13/96*
DOC EXAM *Quinn Brown*

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

D. BROWN DEC 13 1996

789,502,671
2/96-9485



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 3, 1996

DENISE L. FRAZIER
25 EAST 65TH STREET
JACKSONVILLE, FL 32208

SUBJECT: KIDS KORNER DAY CARE, INC.
Ref. Number: W96000009485

We have received your document for KIDS KORNER DAY CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 396A00021630

ARTICLES OF INCORPORATION

OF

KIDS KORNER DAY CARE CENTER, INC.

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: KIDS KORNER DAY CARE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

25 EAST 65TH STREET
JACKSONVILLE, FLORIDA 32208

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 SHARES OF STOCK AND ITS PAR VALUE IS \$1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DENISE L FRAZIER
12420 ROCHFORD LANE
JACKSONVILLE, FLORIDA 32225

ARTICLE V INCORPORATOR(S)

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

DENISE L FRAZIER
12420 ROCHFORD LANE
JACKSONVILLE, FLORIDA 32225

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

3 day of December, 19 96.

Denise L Frazier
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: KIDS KORNER DAY CARE CENTER, INC.

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

DENISE L FRAZIER

(Name)

12420 ROCHFORD LANE

(P.O. Box not acceptable)

JACKSONVILLE, FLORIDA 32225

(City/State/Zip)

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.



(Signature)