

P98000075788

## TRANSMITTAL LETTER

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

500002626635--8  
-08/27/98--01048--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

### Subject:

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: Debra Owens Family Day Care, Inc.  
1467 7<sup>th</sup> Street  
West Palm Beach, FL 33401  
(561) 655-4410

Enclosures: Various

FILED  
98 AUG 27 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-31-98  
MM

## ARTICLES OF INCORPORATION

*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:

DEBRA OWENS FAMILY DAY CARE, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1467 7<sup>th</sup> Street  
West Palm Beach, FL 33401

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Debra Owens  
1467 7<sup>th</sup> Street  
West Palm Beach, FL 33401  
(561) 655-4410

### ARTICLE V INCORPORATOR(S)

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

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TALLAHASSEE, FLORIDA

Debra Owens  
1467 7<sup>th</sup> Street  
West Palm Beach, FL 33401

The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
this 24th day of August, 1998.

Debra Owens.

**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 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: Debra Owens Family Day Care, Inc.
2. The name and address of the registered agent and office is:

Debra Owens  
1467 7<sup>th</sup> Street  
West Palm Beach, FL 33401

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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.

Debra Owens  
Signature

8/24/98  
Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314