

TRANSMITTAL LETTER

P99000034098

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

SUBJECT: HAPPY DAYS CHILD CARE CENTER OF OCALA, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CARMEN Lamb HOWARD Inc.
Name (Printed or typed)

2345 N.W. 10th St.
Address

OCALA, FL 34475
City, State & Zip

352-737-3848
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 APR 14 PM 12:02

APPROVED
AND
FILED

RECEIVED

99 APR 14 AM 11:53

500002838925--7
-04/14/99-01058-020
*****87.50 *****87.50

Dmc
4/14/99

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

HAPPY DAYS CHILD CARE CENTER of Ocala Inc.

ARTICLE II PRINCIPAL OFFICE

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

2345 NW 10th St.
Ocala, FL 34475

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 Florida street address of the initial registered agent are:

CARMEN Lamb HOWARD Smith
15761 SW 46th Circle
Ocala, FL 34473

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CARMEN Lamb HOWARD Smith
15761 SW 46th Circle
Ocala, FL 34473

Carmen L. Smith
Signature/Incorporator

4/14/99
Date

(An additional article must be added if an effective date is requested.)

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

Carmen L. Smith
Signature/Registered Agent

4/14/99
Date

APPROVED
AND
FILED
99 APR 14 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA