

P99000077791

TRANSMITTAL LETTER

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

700002971797--5
-08/27/99--01032--020
*****87.50 *****87.50

SUBJECT: Tiny ToTs Child Care Center
(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: Yvonne Dunkley
Name (Printed or typed)

810 Massy Ct
Address

Kissimmee Florida 34778
City, State & Zip

407-944-4410
Daytime Telephone number

99 AUG 27 PM 6:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

8-31
WS

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:

Tiny Tots Child Care Center Corp.

ARTICLE II PRINCIPAL OFFICE

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

810 Massy Ct Kissimmee Florida 34758

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 Florida street address of the initial registered agent are:

Lynne Dunkley
810 Massy Ct Kissimmee Florida 34758

ARTICLE V INCORPORATOR

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

Lynne Dunkley
810 Massy Ct Kissimmee Florida 34758

Lynne Dunkley
Signature/Incorporator

8.16.99
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

Lynne Dunkley
Signature/Registered Agent

8.16.99
Date

FILED
99 AUG 27 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA