

P13000079842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

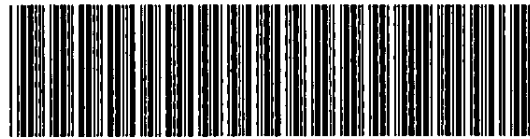
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/13--01022--016 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 25 AM 11:46

Ps 9/27/13

COVER LETTER

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

SUBJECT: Mom With Kids, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kathleen Dulko

Name (Printed or typed)

459 Triton Road

Address

Ormond Beach, FL 32176

City, State & Zip

(386)615-3750

Daytime Telephone number

kdulko@bellsouth.net

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Mom With Kids, Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

459 Triton Road
Ormond Beach, FL 32176

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide information and resources for family entertainment and travel.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen Dulko, President and CEO Name and Title: _____

Address 459 Triton Road Address: _____
Ormond Beach, FL 32176 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kathleen Dulko
 Address: 459 Triton Road
Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

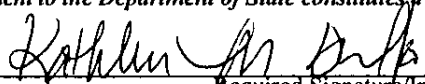
Name: Kathleen Dulko
 Address: 459 Triton Road
Ormond Beach, FL 32176

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

09/19/2013
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Required Signature/Incorporator

09/19/2013
 Date