# F160000004573

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(В	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





000291076380

10/11/16--01016--002 \*\*87.50

T6.0CT I AM II: 55

T WASHINGTON
OCT 1 2 2016

#### **COVER LETTER**

,,

TO:

Registration Section Division of Corporations

SUBJECT: KIDS FIT FOUNDATION INCORPORATED  Name of Corporation – must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
SEAN MAGUTRE Name of Person
KIDS FIT FOUNDATION Firm/Company
150 2d 0d -
Address
HOWARD BEACH WY 11414  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAN MAGURE at (347) 302-5594 Name of Person at (347) Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
S70.00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee S70.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. KIDS FIT FOUNDATION THEORFORATED
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
KINS FIT FOUNDATION RACE
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. SPATE OF JULINOUS (State or country under the law of which it is incorporated)  3. H5-2794672 (FEI number, if applicable)
MAP AC VIEW
4. Date of Incorporation)  5. (Date of Incorporation)  (Date of duration, if other than perpetual)
6. Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7
7. 8500 WEST 191 STREET MOKENA IL 60448 (Principal office address)
158-78 88 CHOCKET HOWARD REACH NV 11414
PROMOTE A HENTHY ACTIVE LIFESTYLE AMONG CHINDREN IN UNDERGENORD COMMUNITES THROUGH ANGLE QUALITY FITNESS PROGRAMS AND S
8. NITRETIONAL TIPS. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(Purpose(s) of corporation authorized in nome state of country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: JAMES AVERS 95
Office Address: 16 16 STREET
ATLANTIC BEACH, Florida 32233 (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
W. Harrison
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### 12. Names and addresses of officers and/or directors

#### A. DIRECTORS

Chairman: RICHARD EVANS
Address: 7532 S. 162 PLACE, TINLEY PARK, IL 60477
Vice Chairman: SHAWE TYSSEW
Address: 24350 S. 88+4 Ave FRANKFORT, IL 60423
Director: CALITE PARKINSON
Address: 16611 Liberty Circle, 3N, Oriano Park, IL 6048
Director: TYLER KENT
Address: 18539 MILLER DR. LANSING, IL 60438 E = =
B. OFFICERS
President: CY IV A A MAININ
Address: 1519 MAIN ST, CRETE, IL 60419
Vice President: DANIEL FUNS
Address: 24350 S. 88TH AWE FRANKFORT, IL 60423
Secretary: CHRISTINA KNABJIAN
Address: 10411 S. WHIPPLE ST, CHICAGO, IL 60655
Treasurer: MICHEUE (RAVEN)
Address: 808 NEWFAIR FIEW DRIVE, JOYED, IL 60432
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. JOE EVANS OFFICER PRESIDENT
(Typed or printed name and capacity of person signing application)

#### File Number

6783-749-5



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

KIDS FIT FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 20, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of SEPTEMBER A.D. 2016 .

Authentication #: 1627302854 verifiable until 09/29/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE