F24000005792

(Requ	uestor's Name)
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(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ıment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

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COVER LETTER

TO:	Registration Section Division of Corporations		•
SHRI	IECT: Liberty Kids, Inc.		
SUDJ	Name of Corporation	– must include suffix	
Dear S	Sir or Madam:		
Affairs	nclosed "Application by Foreign Not for Profit C s in Florida", "Certificate of Existence", or "Cert er the above referenced not for profit corporation	tificate of Status" and che	eck are submitted to
Please	return all correspondence concerning this matte	r to the following:	
	Jessie Henderson		
	Name of F	Person	· · · · · · · · · · · · · · · · · · ·
	Liberty Kids, Inc.		
	Firm/Con	npany	_
	12155 Cattail Lane		
	Addre	vec	
		.53	
	Jacksonville, FL 32223	7. 6.4.	
	City/State and	Zip Code	
	Jess@myliberty.org		
	E-mail address: (to be used for fut	ure annual report notifica	ation)
For fu	rther information concerning this matter, please	call:	
Jessie	: Henderson 85	57 499-6288	
		rea Code Daytime Tel	ephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Enclos	sed is a check for the following amount:	Tallahassee, FL 323	
Please	make check payable to: FLORIDA DEPARTMENT		Deer so sitte is
□\$/0	0.00 Filing Fee	3\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status & Certified Copy

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:

Paramount Academ (If name unavailab		ED" or "CORPORATION" or words or abbreviations on instead of a natural person or partnership if not so cous a corporate suffix by a nonprofit corporation.)	ortike
(If name unavailab	y		
·			
	le in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Flo	orida)
MA	under the law of which it is incorporated)	86-1373786	
•	•		
10/27/2021	5	(Date of duration, if other than perpetual)	
(Date	of Incorporation)	(Date of duration, if other than perpetual)	
10/1/2024			
(Date first conducte	d affairs in Florida if prior to registration. See	e sections 617.1501 & 617.1502, F.S. to determine penalt	ty liability.)
1100 Stockton St.	Jacksonville, FL 32204		
		ice street address)	
	, r	 ,	
12155 Cattail Lane	, Jacksonville, FL 32223		
	(Current mailing	g address, if different)	
community develo	nmeni		
(Purpose(s) of corn	oration authorized in home state or country	y to be carried out in the state of Florida)	
(Turpose(s) or corp	oracion data or to a monte state or country	to be carried out in the state of Frontial	20
Name and street	address of Florida registered agent: (P.0	O. Box NOT acceptable)	100 4707
<u></u>			8
N Ala	in Hederson		 N
Name:	n Hederson 155 Cattail Lane		Š
	155 Cattati Lane	-	
ffice Address: 12	· · · · · · · · · · · · · · · · · · ·		<u>.</u>
	ksonville	Florida 32223	TO 27.
	ksonville (City)	, Florida 32223	то Та т.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6)] total]: A. DIRECTORS Alan Henderson Jessie Henderson Name: __ □ Chairman □ Chairman Address: _____ 12155 Cattail Lane Address: _ ☐ Vice Chairman □ Vice Chairman Jacksonville, FL 32223 Jacksonville, FL 32223 □ Director □ Director **President** □President ■ Vice President ☐ Vice President □Treasurer ☐ Secretary ☐ Secretary □Treasurer ☐ Other:_____ lzak Filmater Name: __ □Chairman □ Chairman Name: Address: 595 56th Ave ☐ Vice Chairman ☐ Vice Chairman Address: St. Petersburg, FL 33701 □Director □ Director □ President ☐ President ☐ Vice President ☐ Vice President □Treasurer □Treasurer ■ Secretary □ Secretary □Other: _____ ☐ Other:_____ Other:____ Jessica Munson Name: □ Chairman ☐ Chairman Address: 6 Chick St. ☐ Vice Chairman Address: ☐ Vice Chairman Quincy, MA 02170 □ Director Director □ President □President □ Vice President ☐ Vice President □ Secretary **■**Treasurer ☐ Secretary □Treasurer ☐ Other: Other: NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Jessie Henderson



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: September 27, 2024

To Whom It May Concern:

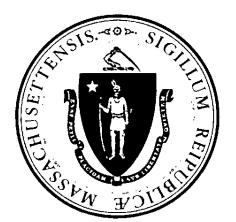
I hereby certify that

LIBERTY KIDS, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on January 28, 2021 (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galelin

Certificate Number: 24090549810

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: bod