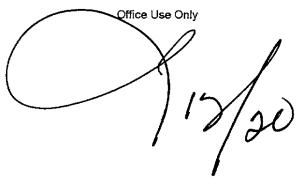
## N05000012681

(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:				





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## **COVER LETTER**

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

SUBJECT: ADVENTURE KIDS & CORPORATION	
(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	
		ADDITIONAL CO	PY REQUIRED	

FROM:	S. Mike Tormey Name (Printed or typed)
	4630 S.KIRKMAN RO #604
	Address
	ORIANDO FL 32811
	City, State & Zip
	4/07 - 948 -1258
	Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

SOVENTURE KIDS CORPORATION	OS OS
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall	lbe:
4630 5 KIRKMON RD \$40 60% ORLONDO FL 32811	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To Raise Money Fon CHARITIE	وروثيم
Bring Awareness To KIOS & PHI	4s1606 Fitness
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:  Prointed & Elected	
	•
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s):	
5. MIKE Tonney PRES / DIRECTO	<b>7</b>
Denise Tonney V.P.	#604 on1 FL 328
KEUM TORMEY C.F.O.	OR1 FL JEU
ARTICLE VI INITIAL REGISTERED AGENT AND STREET	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the r	egistered agent is:
5. MIKE TORMEY 4630 5 KIRKMAN RD #604	<del>.</del>
ONISMOO FL 32811	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
w we take we	
4630 5 KIRKMAN RO #604	•
ON1 FZ 32811	*****
Having been named as registered agent to accept service of process for the above sta in this certificate, I am familiar with and accept the appointment as registered agent	
SALL Tony	11/20/05
Signature/Registered Agent (	Date
S. Peton	11/20/05 Date 11/20/05
Signature/Incorporator	Date
1	