

N07000008124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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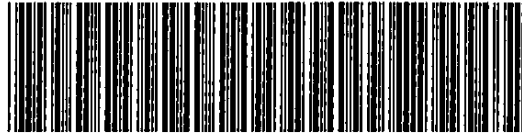
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Kix 4 Kidz, Inc  
(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 COPY REQUIRED**

**FROM:** Kimberly Owens  
Name (Printed or typed)

8804 Chesterton Pl  
Address

Tampa FL 33635  
City, State & Zip

813-864-3389  
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:

Klx 4 Kidz, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

8804 Chesterton Pl  
Tampa Fl 33635

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To raise funds to help under privileged kids to enter marital arts and tournaments

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Parent Vote

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Kimberly Owens, President- 8804 Chesterton Pl, Tampa Fl 33635  
Susan Gutchner-Smith, Vice President- 10208 Cutlen Green Ct, Tampa Fl 33615  
Joy Adkins, Secretary- 4310 Renellie Dr Tampa Fl 33611  
Bethoria Paige, Treasure- 11527 Case Marina Way, Tampa Fl 33635

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Susan Gutchner-Smith  
10208 Cutlen Green Ct  
Tampa Fl 33615

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Kimberly Owens  
8804 Chesterton Pl  
Tampa Fl 33635

\*\*\*\*\*  
*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.*

  
\_\_\_\_\_  
Signature/Registered Agent

8-15-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8-15-07  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA