

NO9 000001196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

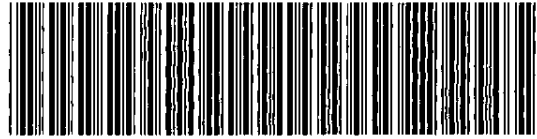
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 FEB -6 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers FEB 06 2009

COVER LETTER

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

SUBJECT: Keep My Child 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 COPY REQUIRED

FROM: Kathleen Rojas
Name (Printed or typed)
P.O. Box 901876
Address
Homestead, FL, 33090
City, State & Zip
(786) 349-1199
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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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:

Keep My Child Corporation

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

375 NE 26 Ave #101
Homestead, FL. 33033

Mailing: P.O. Box 901876
Homestead, FL.
33090

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help individuals with children recognize and manage difficult situations with regards to their children. Help minimize the number of children being removed from homes. Teach children to speak out about what they feel is a difficult situation for them.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Founder will appoint all directors.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Kathleen Rojas (President)
P.O. Box 901876
Homestead, FL. 33090

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TALLAHASSEE, FLORIDA

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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


Kathleen Rojas
375 NE 26 Ave #101 Homestead, FL. 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathleen Rojas
P.O. Box 901876 Homestead, FL. 33090


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 Kathleen Rojas

2/2/09

Date



Signature/Incorporator Kathleen Rojas

2/2/09

Date