

NO9000005115

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(Address)

(City/State/Zip/Phone #)

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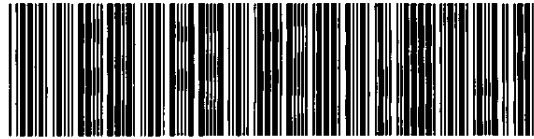
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAY 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18th MAY 26 2009

COVER LETTER

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

SUBJECT: KAPRENA'S HOPE THROUGH AWARENESS FOUNDATION, CORP.
(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: KAPRENA ROBINSON-WILLIAMS
Name (Printed or typed)

3606 CARROLLWOOD PLACE CIR
Address

TAMPA, FL 33624
City, State & Zip

850.264.0806
Daytime Telephone number

KAPRENA@PRECIOUSMOMENTSEVENTS.NET
E-mail address: (to be used for future annual report notification)

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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:

KAPRENA'S HOPE THROUGH AWARENESS FOUNDATION, CORP.

ARTICLE II PRINCIPAL OFFICE

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

3606 CARROLLWOOD PLACE CIR-STREET ADDRESS

P.O BOX 399 LECANTO, FL 34460-MAILING ADDRESS

Tampa FL 33624
Lecanto FL 34460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE AWARENESS FOR BECOMING A BONE MARROW REGISTRANT, AND IT'S
PROCEDURE SO THAT BLOOD DISEASES LIKE LEUKEMIA WILL HAVE AN INCREASED
PERCENTAGE OF SURVIVERS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS WILL BE APPOINTED BY APPLICATION, FOLLOWING INTERVIEW

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

KAPRENA ROBINSON-WILLIAMS-CHIEF EXECUTIVE OFFICER

JAMESE ROBINSON- PRESIDENT

MINNIE BURKE-DIRECTOR

KEJUANA ROBINSON-EDUCATION DIRECTOR I

KIWANDA BAIN-EDUCATION DIRECTOR II

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

KAPRENA ROBINSON-WILLIAMS

3606 CARROLLWOOD PL CIR

TAMPA, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PRECIOUS MOMENTS EVENTS BY MOTHER & DAUGHTERS

MINNIE BURKE

P.O BOX 399

LECANTO, FL 34460

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

MAY 19, 2009

Date

Signature/Incorporator

MAY 19, 2009

Date