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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

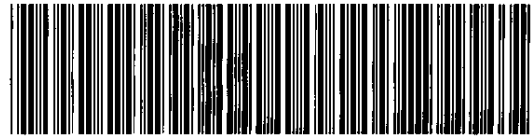
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 10 2010  
D.A. WHITE

## COVER LETTER

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

SUBJECT: KADESH CARES 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: KADESH CARES CORPORATION  
Name (Printed or typed)

500 W LANIER AVENUE STE. 601  
Address

FAYETTEVILLE, GA 30214  
City, State & Zip

770 716 5556  
Daytime Telephone number

info@Kadeshfinancial.com  
E-mail address: (to be used for future annual report notification)

**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:

KADESH CARES CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II PRINCIPAL OFFICE**

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

500 W. LANIER AVENUE STE. 601  
FAYETTEVILLE, GA 30214

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized exclusively for educational development and charitable purposes. the Corporation shall exist to provide assistance to men, women, and children who are in need of humanitarian aid, early intervention programs, life skills training, outreach programs and mentoring services. In the event of dissolution, refer to bylaws article XI section 1.

## **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

This corporation shall hold an annual election for the Board of Directors. Board members are elected for one year terms and will be up for election at that time.

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

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

Kayla Bryant 500 W. Lanier Ave., Ste 601 Fayetteville, GA 30214 Chairman, COO  
Sheila R. Smith 500 W. Lanier Ave., Ste 601 Fayetteville, GA 30214 Vice-Chairman  
Karlin Baker 500 W. Lanier Ave., Ste 601 Fayetteville, GA 30214 Secretary / Treasurer

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

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

Kayla Bryant  
3505-A Lillian Road  
Tallahassee, FL 32305

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kayla Bryant  
500 W. Lanier Ave., Ste 601  
Fayetteville, GA 30214

\*\*\*\*\*

*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 K Bryant / INCORPORATOR

Date 7 June 2010