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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -7 PM 2:20

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COVER LETTER

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

SUBJECT: Police and Kids Foundation, 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: Tracey Schofield

Name (Printed or typed)

6510 14th Street North

Address

St. Petersburg, Fla. 33702

City, State & Zip

727-647-0175

6510 14th Street North Telephone number

tschofield@pinellas-park.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: Police and Kids Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6510 14th Street North
St. Petersburg, Fla. 33702

Mailing address, if different is:
PO BOX 3011
Pinellas Park, Fla. 33780

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To enhance the lives of children through their interaction with local police officers. The Police & Kids Foundation, Inc. provides assistance to officers who may come in contact with children in need. The Police & Kids Foundation, Inc. also provides a college scholarship to at least one deserving child each year.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Apointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracey Schofield, President
Address: 6510 14th Street North
St. Petersburg, Fla. 33702

Name and Title: _____
Address: _____

Name and Title: Lisa Schofield, Officer
Address: 6510 14th Street North
St. Petersburg, Fla. 33702

Name and Title: _____
Address: _____

Name and Title: Dorene Thomas
Address: 7700 59th Street North
Pinellas Park, Fla. 33781

Name and Title: _____
Address: _____

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11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Tracey Schofield
Address: 6510 14th Street North
St. Petersburg, Fla. 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tracey Schofield
Address: 6510 14th Street North
St. Petersburg, Fla. 33702

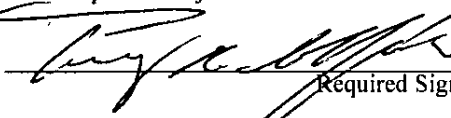
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

February 26, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

February 26, 2011
Date