

N11000007983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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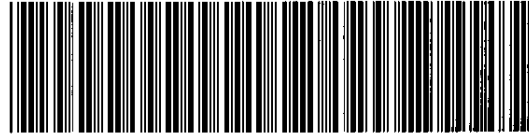
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07/01/11--01027--001 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 22 PM 1:56

APPROVAL  
AND  
FILED

17/11

## COVER LETTER

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

SUBJECT: Kevon Wilson Foundation Incorporated  
(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: Kevon Wilson  
Name (Printed or typed)

5807 Langston Drive  
Address

Tampa, FL 33619  
City, State & Zip

813-846-6819  
Telephone number

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2011

KEVON MAURICE WILSON  
5807 LANGSTON DRIVE  
TAMPA, FL 33619

SUBJECT: KEVON WILSON FOUNDATION  
Ref. Number: W11000035573

We have received your document for KEVON WILSON FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00015976

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Kevon Wilson Foundation *INCORPORATED*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5807 Langston Drive

Tampa, FL 33619

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Kevon Wilson Foundation will promote the education of domestic violence and sexual abuse to college age and grade school level students. With events in the community and on school campuses, The Kevon Wilson Foundation will educate, nurture, and empower young minds with knowledge, in order to balance the power in relationships and seek social change. Starting with the future leaders of our country, the goal of this foundation is to put an end to the physical, emotional, and sexual abuse in relationships.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors and officers will be elected and appointed by creator of the Kevon Wilson Foundation, Kevon Marice Wilson. The Kevon Wilson Foundation will follow the guidelines set by the Equal Employment Opportunity Commission.

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

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Kevon Wilson

Address: 5807 Langston Drive

Tampa, FL 33619

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kevon Wilson

Address: 5807 Langston Drive

Tampa, FL 33619

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

KEVON WILSON Required Signature of Registered Agent

06-29-2011

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.

KEVON WILSON Required Signature of Incorporator

06-29-2011

Date

11 AUG 22 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES  
AND  
FILED