

N11000011038

(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

CHANGED ONE TITLE TO
"DIRECTOR" PER TELEPHONE
CONVERSATION WITH
PRIMEA DELANEY.

κ 11/29/11

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV 22 PM 4:22

FILED

κ 11/29/11

COVER LETTER

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

SUBJECT: Foundation 4 Kids, 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: Pamela Delaney
Name (Printed or typed)

791 NE 5th Street
Address

Crystal River, FL 34429
City, State & Zip

352-364-4133
Telephone number

yourquest4health@gmail.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:

Foundation 4 Kids, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

791 NE 5th Street

Crystal River, FL 34429

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Foundation will help provide children with the necessary tools needed to become fit, well rounded, adults through education, physical exercise, stretching, nutrition, good sportsmanship, responsibility, confidence, music, and culture.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Board Members and Directors will be appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justina A Hopkins

Address: 791 NE 5th Street

Crystal River, FL 34429

Executive Director

Name and Title: _____

Address: _____

Name and Title: Pamela K. Delaney

Address: 791 NE 5th Street

Crystal River, FL 34429

Deputy Executive Dir./Finance

Name and Title: _____

Address: _____

Name and Title: Judith Koch

Address: 9 Oxhorn Ct. E

Homosassa, FL 34446

Director

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: Pamela Delaney

Address: 791 NE 5th Street

Crystal River, FL 34429

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pamela Delaney

Address: 791 NE 5th Street

Crystal River, FL 34429

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

Pamela Delaney

Required Signature of Registered Agent

11/16/11

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.

Pamela Delaney

Required Signature of Incorporator

11/16/2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA