

N 12000003162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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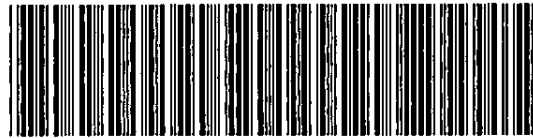
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers MAR 26 2012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: MXkidds, 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: ROBERT PENNEY
Name (Printed or typed)
10294 PRESTON RD.
Address
BROOKSVILLE, FL 34601
City, State & Zip
(352) 263-6435
Daytime Telephone number

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

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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: MXkidds, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10294 Preston Rd.
Brooksville
Florida 34601

Mailing address, if different is:
P.O. Box 10881
Brooksville
Florida 34601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a meeting place for members of the organization, the youth of the community, & their families, & all involved therein, for charitable, civil, and educational purposes.

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

New directors elected by 2/3 vote of the Board of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Penney Pres.
Address: 10294 Preston Rd.
Brooksville, FL 34601

Name and Title: _____
Address: _____

Name and Title: Matthew Brown Treas.
Address: 10294 Preston Rd.
Brooksville, FL 34601

Name and Title: _____
Address: _____

Name and Title: Laurie Paul Sec.
Address: 6079 E. Slate St.
INverness, FL 34452

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

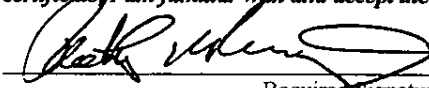
Name: Robert Penney
Address: 10294 Preston Rd.
Brooksville, FL 34601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Penney
Address: 10294 Preston Rd.
Brooksville, FL 34601

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

19 MAR 2012

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

19 MAR 2012

Date

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TALLAHASSEE, FLORIDA