

00550000201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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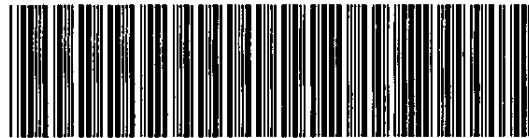
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 MAY 31 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 01 2012



## COVER LETTER

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

**SUBJECT:** Kingdom Ability to Impact, 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:** Nicole Dionne Williams

Name (Printed or typed)

15 Rainbrook Drive

Address

Palm Coast, FL 32164

City, State & Zip

(386) 569-6344

15 Rainbrook Drive Telephone number

KingdomAbility@GMail.com

E-mail address: (to be used for future annual report notification)

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

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2012 MAY 31 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

**ARTICLE I \* NAME** Kingdom Ability to Impact, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15 Rainbrook Drive  
Palm Coast, FL 32164

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide necessities to the less fortunate.

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

Appointed

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

Name and Title: <u>Nicole Williams, CEO</u>	Name and Title: _____
Address: <u>15 Rainbrook Drive</u>	Address: _____
<u>Palm Coast, FL 32164</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Nicole Williams  
Address: 15 Rainbrook Drive  
Palm Coast, FL 32164

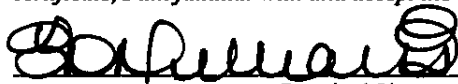
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nicole Williams  
Address: 15 Rainbrook Drive  
Palm Coast, FL 32164

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2012 MAY 31 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

05/29/2012

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

05/29/2012

Date