

N12000005554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

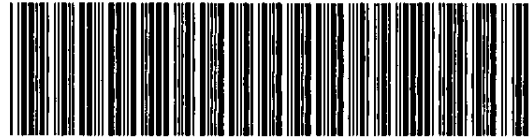
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN -4 PM 3:58

mm 6/4/12

## COVER LETTER

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

SUBJECT: KELBY AND EMMA'S PEARL DREAM CORP  
(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: MONICA BARRANCO  
Name (Printed or typed)

7461 HIGH RIDGE ROAD  
Address

BOYNTON BEACH, FL. 33426  
City, State & Zip

MONICAKELBY@COMCAST.NET  
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:

KELBY AND EMMA'S PEARL DREAM CORP

## ARTICLE II PRINCIPAL OFFICE

Principal street address

7461 HIGH RIDGE ROAD

BOYNTON BEACH, FL 33426

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO GET FUNDING TO HELP PROVIDE SPECIAL NEEDS CHILD WITH NECESSARY THERAPY AND SUPPLIES

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BEY ELECTION OF INCORPORATOR

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MONICA BARRANCO

Address: 7461 HIGH RIGH ROAD

BOYNTON BEACH, FL 33426

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: FREDERICK GRANT

Address: 601 N CONGRESS AVENUE-435

DELRAY BEACH, FL 33445

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MONICA BARRANCO

Address: 7461 HIGH RIDGE ROAD

BOYNTON BEACH, FL 33426

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

04/23/12

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

04/23/12

Date

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