

N/20000007323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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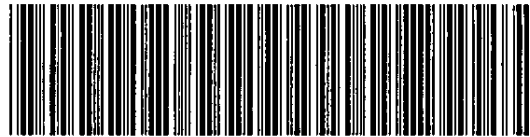
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: First Friday Kids Support Group, 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: Kenneth Emberton  
Name (Printed or typed)

5418 Loma Vista Loop  
Address

Davenport, FL 33896  
City, State & Zip

863 424 7896  
Daytime Telephone number

ffksg@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: First Friday Kids Support Group, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
5418 Loma Vista Loop  
Davenport  
Florida 33896

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12 JUL 27 11 12 AM '12  
Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
To offer support to local children in need

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By nomination and vote

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Collin Pullen (President)  
Address: 719 La Vista Drive  
Haines City  
FL 33844

Name and Title: Marilyn Pullen (Director)  
Address: 719 La Vista Drive  
Haines City  
FL 33844

Name and Title: Rita Eckersley (Secretary)  
Address: 125 Hilltop Street  
Davenport  
FL 33837

Name and Title: Michael Eckersley (Director)  
Address: 125 Hilltop Street  
Davenport  
FL 33837

Name and Title: Kenneth Emberton (Treasurer)  
Address: 5418 Loma Vista Loop  
Davenport  
FL 33896

Name and Title: Joan Emberton (Director)  
Address: 5418 Loma Vista Loop  
Davenport  
FL 33896

## ARTICLE VI REGISTERED AGENT

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

Name: Rita Eckersley  
Address: 125 Hilltop Street  
Davenport  
Florida 33837

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenneth Emberton  
Address: 5418 Loma Vista Loop  
Davenport  
FL 33896 - 5004

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

July 19th 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

July 19th 2012

Date