111200007960

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Enuty Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						
[

Office Use Only



500237824645

07/30/12--01026--006 **87.50

12 AUG 16 AM 10: 11

SECRETARY OF STATE OIVISION OF CORPORATIONS

DE 217/11

COVER LETTER

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

SUBJECT: A Kavin Grant Productions and Entertainment (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 CO	OPY REQUIRED
FROM:	Tiffany Frison	rinted or typed)	_
	9524 Aberdare	Avenue West	
	Jacksonville, FL	32208 State & Zip	_
	904-859-1374	elephone number	<u> </u>
	tfrison13@gma	ail.com	tion)

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



RECEIVED

12 AUG 16 PM 12: 08

SECRETAL OF STATE
FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2012

TIFFANY FRISON 9524 ABERDARE AVENUE WEST JACKSONVILLE, FL 32208

SUBJECT: A KAVIN GRANT PRODUCTIONS AND ENTERTAINMENT

Ref. Number: W12000040191

We have received your document for A KAVIN GRANT PRODUCTIONS AND ENTERTAINMENT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please correct the spelling error in the name of the corporation in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 512A00020019

ARTICLES OF INCORPORATION

FILED S

	in compliance with Chapt	Fr 017, F.S., (NOU	ior Pront)	SECRETAR	Y OF STATE
The name of the cor	NAME A Kavin Grant Product	tions and Ente	ertainment, In	DIVISION OF C IC.	UKPUKAHUM
•				12 AUG 16	AM 10: 11
ARTICLE II	PRINCIPAL OFFICE		3.7.111	11 10 1100	
	Principal <u>street</u> address 10131 Atlantic Blvd		Mailing address, if different is: 5951 Martin Luther King Dr		
Jacksonville, FL 32225			Jacksonville, FL 32219 US		
				322 15 03	
ARTICLE III	PURPOSE				
The purpose for wh	ich the corporation is organized is:				
A Kavin Grant	Productions uses dance, theatre, si	nging, and sp	oken word as	s a means to f	oster social
	h performance arts and commercial				
	and promote diversity.	охронопосо.	The organiz		Juliu
	promote corolly.				
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	s are elected and a	appointed:	
Electing at Ani	nual Meetings				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS			
Name and Tit	le: Kavin Grant, CEO		:Raymond Mc	Lean, Artistic D	<u>irector</u>
Address:	5951 Martin Luther King Dr	Address:		on Square Blvd.	Apt 2005
	Jacksonville, FL 32219 US		Jacksonville,	FL 32256 US	
		_			
Name and Titl	le:Tiffany Frison, Executive Director	Name and Title	:	•	
Address:	9524 Aberdare Avenue West	_ Address:			
	Jacksonville, FL 32208 US				
		_			
Name and Titl	e: Tiffany Marshall, Assistant Director	Name and Title	:		
Address:	13927 Sugar Pine Ct.	_ Address:			
	Jacksonville, FL 32225 US	_			
		_		<u> </u>	
	REGISTERED AGENT				
\	ida street address (P.O. Box NOT acceptable) o	f the registered age	nt is:		
Name: Address:	Kavin Grant	_			
Address;	5951 Martin Luther King Dr Jacksonville, FL 32219 US	_			
	Jacksonvine, FL 32219 US	_			
		_			
	INCORPORATOR				
Name:	ess of the Incorporator is: Tiffany Frison				
Address:	9524 Aberdare Avenue West	_			
	Jacksonville, FL 32208 US	-			
					
Having haan nama	d as registered agent to accept service of proc	, ng far the above			
certificate. I am fam	i as registered agent to accept service of proce iliar with and accept the appointment as register	ess for the above . red agent and agre	statea corporatio e to act in this ca	n at the place aes nacity	signatea in this
1	7	agont unu ugre	e is all on this la		
L-C	W/		5	(18112	
/	Required Signature of Registered Agent		<u></u>	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