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SEGRETARY OF STATE

COVER LETTER

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

SUBJECT:	CAROLYN'S	KIDS INC.		
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
•				
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for:	
\$70.00	\$78.75	De20.75	Manara	
Filing Fee	Filing Fee &	\$78.75 Filing Fee	\$87.50 Filing Fee,	
1 mmg 1 00	Certificate of	& Certified Copy	Certified Copy	
	Status		& Certificate	
		ADDITIONAL COPY REQUIRED		
		<u>L</u>		

FROM:

FRANCIS M. PARCS

Name (Printed or typed)

15645

18th TEL N

Address

JUPITER 12- 33478

City, State & Zip

City, State & Zip

Daytime Telephone number

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

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



December 14, 2012

FRANCIS M. PAROS 15645 118TJ TER N JUPITER, FL 33478

SUBJECT: CAROLYN'S KIDS INC. Ref. Number: W12000061926

We have received your document for CAROLYN'S KIDS INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 312A00029583

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

The name of the corp	poration shall be: CAROLYN'S MISSION, INC.	FILED
ARTICLE II P	PRINCIPAL OFFICE	" 12 NFC 26 PH 3:55
	Principal street address	12 DEC 26 PM 3:55 Mailing address, it different is:
	15645 118 h TEX N.	CE CENTREY OF CLASS
	JUPITER PL 33478	TALLAHASSEE, PLORIDA
	PURPOSE	
The purpose for which	ch the corporation is organized is: FEED, ELOTH TH	E POOR.
•		
ARTICLE IV	MANNER OF ELECTION The manner in which the directors a	re elected and appointed: VOTE #AMENDE AT BORPORATE MEETING
		FOR ELECTIONS,
	INITIAL OFFICERS AND/OR DIRECTORS	•
Name and Title		FRANKIE PARCS SK. V. PICES.
Address:	15645 118th TEX N Address:	15645 118th TIR N JURITER GI 33478
	101/16/2/ 237/8	3/4/16/2 /- 537/8
Name and Title	e: FRANCIS M. PARUS, TREAS Name and Title:	BRADIES PARCY, V. PRES
Address:	15645 118 PET N Address:	15645: 18th DERN.
Address.	TUPINER FL 33478	JUPITER FL 33478
	e: KAY WEE PAROS, N. PART Name and Title:	
Name and Title		
Address:	15645 1164 TOL N Address: _	
	5 VP , TEX, PC 33478	
		,
	REGISTERED AGENT	
	da street address (P.O. Box NOT acceptable) of the registered agen	t is:
Name:	FRANCIS M. PAROS	
Address:	15645 11844 TER N.	
	JUPITEL, FL 33478	
ARTICLE VII	INCORPORATOR	
The name and addr	ress of the Incorporator is:	
Name:	FRANCIS M. PAROS	
Address:	15645 118th TEL N	
	JUT (TEX PL 33478	
University have name	d as registered agent to accept service of process for the above st	uted cornoration at the place designated in this
certificate. I am fam	illiar with and accept the appointment as registered agent and agree	e to act in this capacity
corty care, r and james		
	Tamo M. Paus	12/10/17
	Required Signature of Registered Agent	Date
	, , ,	
	ent and affirm that the facts stated herein are true. I am aware tha	
to the Department o	f State constitutes a third degree felony as provided for in s.817.155	, F.S.
		(- 1, -)
	Required Signature of Incorporator	12/10/12
	Required Signature of Incorporator	Date