

N13000000908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

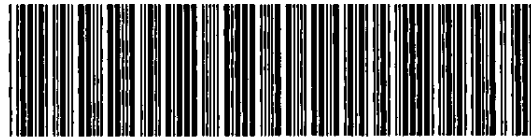
(Business Entity Name)

(Document Number)

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

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13 JAN 28 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1113-4630

MD 1/29

**COVER LETTER**

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

**SUBJECT: KAREN'S PLACE USA, 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: WENDY FARMER**  
Name (Printed or typed)

**PO BOX 451241**  
Address

**KISSIMMEE, FL 34745**  
City, State & Zip

**407-497-8842**  
Daytime Telephone number

**WSAMMS48@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2013

WENDY FARMER  
P.O. BOX 451241  
KISSIMMEE, FL 34745

SUBJECT: KAREN'S PLACE USA, INC  
Ref. Number: W13000002630

We have received your document for KAREN'S PLACE USA, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 513A00000982

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

**ARTICLE I NAME**

The name of the corporation shall be:

KAREN'S PLACE USA, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1860 WHITE HERON BAY CIRCLE

ORLANDO, FLORIDA 32824

Mailing address, if different is:

PO BOX 451241

KISSIMMEE, FL 34745

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 28 AM 11:30

FILED

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CHARITABLE SERVICES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

DIRECTORS ARE ELECTED AND APPOINTED EVERY TWO YEARS

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

Name and Title: WENDY FARMER DIRECTOR

Address: PO BOX 451241

KISSIMMEE, FL 34745

Name and Title: BEULA LINSAY DIRECTOR

Address: PO BOX 451241

KISSIMMEE, FL 34745

Name and Title: GLEN STEWART DIRECTOR

Address: PO BOX 770455

ORLANDO, FLORIDA 32877

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: GLEN STEWART  
 Address: 3330 HEATH DRIVE  
DELTONA, FLORIDA 32725

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GLEN STEWART  
 Address: PO BOX 770455  
ORLANDO, FLORIDA 32877

*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*

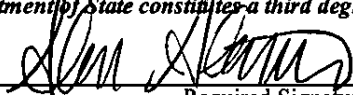


Required Signature of Registered Agent

01/01/2013

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

01/01/2013

Date