

04/29/2031 05:43

#2553 P.001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
KYAN'S KAUSE INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUN 17 AM 9:36

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUN 17 PM 4:56

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Corporate Filing Menu

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#2553 P. 002/003

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

13 JUN 17 AM 9:36

ARTICLE I NAME

The name of the corporation shall be:

Kyan's Kause Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9862 SW 117 Pl
Miami, FL 33186

Mailing address, if different is:

9862 SW 117 Pl
Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

As our son Kyan is remembered by, so many amazing family and friends, we wish to bring awareness to childhood water safety. This Kause will provide those less fortunately the ability to receive swimming lessons and hopefully prevent this tragedy from happening to other children.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By the By laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

TRUDY E. Cedeño

Name and Title:

- President

Address:

9862 SW 117 Pl
Miami FL 33186

Address:

Name and Title:

JUAN C. Quintana

Name and Title:

Vice President

Address:

9862 SW 117 Pl
Miami FL 33186

Address:

Name and Title:

Annette Velazco

Name and Title:

Director

Address:

8005 SW 17 TERR
Miami FL 33155

Address:

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#2553 P.003/003

SECRETARY OF STATE
DIVISION OF CORPORATIONS

H 13000137552

13 JUN 17 AM 9:26

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name:

JUAN C. Quintana

Address:

9862 SW 117 PI

Miami FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Juan C. Quintana

Address:

9862 SW 117 PI

Miami FL 33186

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

6/17/13
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

6/17/13
Date

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