# 14/00003/6

| (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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#### **COVER LETTER**

**TO:** New Filing Section Division of Corporations

#### SUBJECT. Kingdom Creations Enterprises Incorporated

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

#### Michelle Gordon

Name of Person

### Kingdom Creations Enterprises

Firm/Company

1576 Bella Cruz Dr. #256

Address

The Villages, Florida 32159

City/State and Zip Code

## info@kingdomcreationsenter.org

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

For further information concerning this matter, please call:

Michelle Gordon

 $_{\rm at}$  248  $_{\rm )}$  7010517

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:** 

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐\$78.75 Filing Fee & Certificate of Status

□\$78.75 Filing Fee & Certified Copy

■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

#### **COVER LETTER**

TO: **New Filing Section** 

Division of Corporations

Kingdom Creations Enterprises Incorporated

Name of Corporation – must include suffix

Dear Sir or Madam:

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City/State and Zip Code

info@kingdomcreationsenter.org

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

For further information concerning this matter, please call:

Michelle Gordon

at <u>Area Code & Daytime Telephone Number</u>

Name of Person

MAILING ADDRESS:

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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**□**\$78.75 Filing Fee & Certificate of Status □\$78.75 Filing Fee & Certified Copy

**1** \$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| Kingdom   | n Creations En  | terprises Incor   | porated  |   |                               |              |
|---|---|---|--|---|-------------------------------|--------------|
| import in langua<br>in the name at p                    | ige as will clearly indica<br>resent. "Company" or "C | word "INCORPORATE<br>te that it is a corporation<br>Co." may not be used as                       | ED" or "CORPORATION<br>n instead of a natural person<br>a corporate suffix by a no             | " or words or abbrevial on or partnership if not onprofit corporation.) | tions of like<br>so contained |              |
| 2. Michigar   | 1   | 3   | 43-2094895   |   |                               |              |
| (State or cour  | 1<br>ntry under the law of wh                         | ich it is incorporated)   | (FEI num   | ber, if applicable)   | <del></del>                   |              |
| <sub>4.</sub> January 1                                 | 3, 2007   | 5   | perpetual  |   |                               |              |
| 4. ————————————————————————————————————                 | 3, 2007 Date of Incorporation)                        |   | (Duration: Year corp. v  | will cease to exist or "p   | erpetual")                    |              |
| . N/A   |   |   |  |   |                               |              |
| (Date first cond  | ucted affairs in Florida if                           | prior to registration. See  | sections 617,1501 & 617.   | 1502, F.S, to determine   | penalty liability             | z.)          |
| <sub>3</sub> 1576 Bel                                   | la Cruz Dr. #2  | 56 The Village  | s Flordia 32159  | )   |                               |              |
| 7. <u> </u>   |   | (Principal c  | office address)  | <del>. ,</del>  |                               |              |
| 4570 0 1  | L O D #05   | ·   | EL: 204E0  |   |                               |              |
| 1576 Bei  | la Cruz Dr. #25                                       | b The Villages  | Florida 32159  |   |                               | 13<br>240    |
|   |   | (Current i  | mailing address)   |   | ر<br>*                        |              |
| 12:   | 0 " 5 "   |   |  | وريم والمامة في مما   | ZA.                           | 3.           |
| <sub>8.</sub> Kingdom                                   | Creations Ent   | erprises inc., i  | s organized for  | charitable pur  | poses.                        | 37           |
| (Purpose(s) of  | corporation authorized is                             | n home state or country   | to be carried out in the sta   | ate of Florida)   |                               | , <b>.</b> 7 |
| Name and ctr  | cet address of Florida                                | registered agent: (P.0  | s organized for to be carried out in the sta   | o)  | PH 3: 59                      | <b>D</b>     |
| y. Maine and <u>see</u>                                 | oct address of Frontan                                | registered ageint (t.t.   |  | -,  | <u>က်</u>                     | 1            |
| N   | Michelle Gord   | on  |  |   | <u>မော်</u>                   | اطائد<br>م   |
| Name:   |   |   | <del></del>  |   | 3.44                          |              |
| Office Address:   | 1576 Bella Ci   | ruz Dr, #256  |  |   | •                             |              |
| Office Address.   |   |   |  |   |                               |              |
|   | The Villages  |   | _, Florida 32159   |   |                               |              |
|   |   | (City)  | , 1 1011444  | (Zip Code)  |                               |              |
| Having been no<br>designated in the<br>further agree to | iis application, I here comply with the pro           | ent and to accept ser<br>by accept the appoin<br>visions of all statutes<br>ecept the obligations | vice of process for the tment as registered age relative to the proper of my position as regis | ent and agree to act t<br>and complete perfort                          | in this capaci                | ity. I       |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

12. 'Names and addresses of officers and/or directors

## A. DIRECTORS Chairman: Michelle Gordon Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 Vice Chairman; Craig Martin Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 Director: Edward Moore Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 Director: Debra Guy Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 **B. OFFICERS** President: Michelle Gordon Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 Vice President: Craig Martin Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 Secretary: Debra Guy Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 Treasurer: Edward Moore Address: 1576 Bella Cruz Dr. #256 The Villages, Florida 32159 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in humber 12 of the application) 14. Michelle Gordon (Typed or printed name and capacity of person signing application)