

N1400001014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

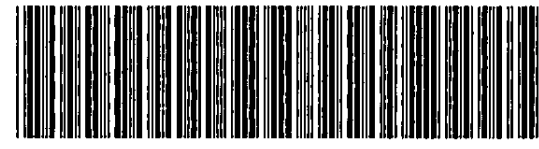
(Business Entity Name)

(Document Number)

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NOV 3 2014  
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**COVER LETTER**

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

**SUBJECT:** Kidz Kick Start 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: Monae Barnes  
Name (Printed or typed)

1527 Sabra dr  
Address

Brooksville, FL 34601  
City, State & Zip

(352) 504-9133  
Daytime Telephone number

KidzKickstart@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Kidz Kick Start Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1527 Sabra dr  
Brooksville, FL 34601

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose for this corporation is  
to provide shoes to poverty stricken children,  
Funding using Donations to buy shoes for school age children  
to be given out before the start of the school year.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed

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

Name and Title: Monae Barnes (Director) Name and Title: Cliff Barnes (Director)

Address: 1527 Sabra dr Address: 1527 Sabra dr  
Brooksville, FL 34601 Brooksville, FL 34601

Name and Title: Monique Lovejoy (Director) Name and Title: Miguel Rivera (officer)

Address: 656 Marners Way Address: 308 Fuller st  
Apt A Suffolk, Va 23434  
Norfolk, Va 23503

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

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

\_\_\_\_\_

\_\_\_\_\_

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: Monae Barnes

Address: 1527 Sabra dr

Brooksville, FL 34601

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Monae Barnes

Address: 1527 Sabr dr

Brooksville, FL 34601

*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*

Monae Barnes

Required Signature of Registered Agent

10/27/14

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.*

Monae Barnes

Required Signature of Incorporator

10/27/14

Date