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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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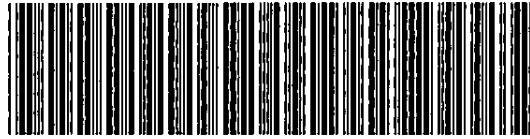
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RECEIVED
DIVISION OF REVENUE
FEB 10 2015

COVER LETTER

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

SUBJECT: **KidsRead24 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: **Gyasi Zamore**

Name (Printed or typed)

7506 Needle Leaf Pl #D

Address

Tampa, FL 33617

City, State & Zip

(813)516-1023

Daytime Telephone number

gzamore@mail.usf.edu

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: KidsRead24 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7506 Needle Leaf Pl #D

Tampa, Fl 33617

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: support literacy.

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gyasi Zamore/ Director

Address: 7506 Needle Leaf Pl #D
Tampa, Fl 33617

Name and Title: Antonio Howard/ Officer

Address: 7514 Wakulla Dr
Temple Terrace, Fl 33637

Name and Title: Brian Zamore/ Officer

Address: 311 West. Ashley St. Apt 1009
Jacksonville, Fl 32202

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: REGISTERED AGENTS INC.

Address: 3030 N. Rocky Point Dr, STE 150A

Tampa, FL 33607

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Gyasi Zamore

Address: 7506 Needle Leaf Pl #D

Tampa, FL 33617

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




Bill Havre - President

2/7/15

Required Signature of Registered Agent

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

2/7/15

Date