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STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Go Pro Kids Foundation, 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: Robin Streeter
Name (Printed or typed)

18441 NW 2nd Ave. #218-I
Address

Miami Gardens, FL 33169
City, State & Zip

786-973-0817
Daytime Telephone number

robin.streeter@goprokids.org
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: Go Pro Kids Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

18441 NW 2nd Ave. # 218-I

Miami Gardens, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Go Pro Kids Foundation, Inc. purpose is to provide monetary support to children and families who are fighting childhood diseases and disabilities, while telling their stories to the world.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As set forth in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin Streeter- President

Address: 18441 NW 2nd Ave. # 218-I
Miami Gardens, FL 33169

Name and Title: _____

Address: _____

Name and Title: Maxi Francois- Vice President

Address: 18441 NW 2nd Ave. # 218-I
Miami Gardens, FL 33169

Name and Title: _____

Address: _____

Name and Title: Cha'Layna Williams- Treasurer

Address: 18441 NW 2nd Ave. # 218-I
Miami Gardens, FL 33169

Name and Title: _____

Address: _____

15 APR 28 PM 4:55
STATE OF FLORIDA
TALLAHASSEE

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: Robin Streeter

Address: 18441 NW 2nd Ave. # 218-I

Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Robin Streeter

Address: 18441 NW 2nd Ave. # 218-I

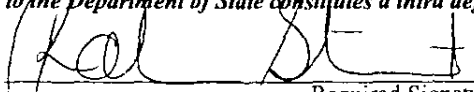
Miami Gardens, FL 33169

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

4/20/2015
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

4/20/2015
Date