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| Certified Copies | _ Certificates | s of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only

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COVER LETTER

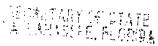
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| ECT: | (PROPOSED CORP | ORATE NAME – <u>MUST IN</u> | CLUDE SUFFIX) |
|---------------------|--|-------------------------------------|--|
| ed is an original a | and one (1) copy of the Ar | ticles 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 CO | PY REQUIRED |
| FROM: | Claire Siefker | me (Printed or typed) | - |
| | 110 | ine (17inted of typed) | |
| | 15860 Famil Road | | Piter Der 1 |
| | Indiantown, Florida 34956 | Address | Figure 200 g |
| | Indiantown, Florida 34956 | Address City, State & Zip | |

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

W.

15 JUN 29 PH 2: 19





ที่มีเมื่อให้เป็นวันสามารถสามารถที่เหมราชัยใช้ใหญ่และที่มีเป็นสินใหม่ปกแต่เหมาะจะเกาแนะเกาและกรณ์เกาแล้วและได้และเป็นและเกาและเ

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2015

CLAIRE SIE KER 15760 FAMIL ROAD INDIANTOWN, FL 34956

SUBJECT: KINDOO FAMILY CENTER, INC.

Ref. Number: W15000041519

We have received your document for KINDOO FAMILY CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

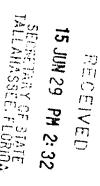
Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 115A00012514



ARTICLES OF INCORPORATION

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

| ARTICLE I | II PRINCIPAL OFFICE | FILED |
|-----------------------|--|---|
| IKIIÇEE! | · · · · · · · · · · · · · · · · · · · | Mailing address, if different is: |
| 14 | Principal street address: 557 SW 174th Court | Mailing address, if different is: |
| Inc | diantown, Florida 34956 | Surviva de la constanta de la |
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| RTICLE I | III PURPOSE | n manida life training skills. English alegasa liteman agusing and smalls to t |
| | | provide life training skills, English classes, literacy, sewing and crafts to t |
| ndiantown | , Florida | |
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| 0 . / | W MANNER OF ELECTION The man | ner in which the directors are elected and appointed: |
| t Kiv | Doo ramily Center, | Inc. |
| f Kin | V INITIAL OFFICERS AND/OR DIREC | Tnc. |
| RTICLE I | Doo ramily Center, | TORS Name and Title: |
| RTICLE I | V INITIAL OFFICERS AND/OR DIRECT | Tnc. |
| RTICLE I | Claire Sietker, President 15860 Famil Road Indiantown, Fl 34956 Mary Beth Batchelor, Secretary/Treasure | TAC: TORS Name and Title: Address: |
| RTICLE I | Claire Sietker, President 15860 Famil Road Indiantown, Fl 34956 Mary Beth Batchelor, Secretary/Treasure | Name and Title: Name and Title: Name and Title: |
| RTICLE I | Claire Sietker, President 15860 Famil Road Indiantown, Fl 34956 MaryBeth Batchelor, Secretary/Treasure | TAC: TORS Name and Title: Address: |
| RTICLE I | INITIAL OFFICERS AND/OR DIRECTIVE: Claire Sietker, President 15860 Famil Road Indiantown, Fl 34956 MaryBeth Batchelor, Secretary/Treasure 15300 SW Myrtle Drive Indiantown, FL 34956 | Name and Title: Name and Title: Name and Title: |
| RTICLE I | INITIAL OFFICERS AND/OR DIRECTION Claire Sietker, President 15860 Famil Road Indiantown, Fl 34956 MaryBeth Batchelor, Secretary/Treasure 15300 SW Myrtle Drive Indiantown, FL 34956 itle: Margaret Clifford, Director | Name and Title: Name and Title: Name and Title: |
| Name and T Address | INITIAL OFFICERS AND/OR DIRECTIVE: Claire Sietker, President 15860 Famil Road Indiantown, Fl 34956 MaryBeth Batchelor, Secretary/Treasure 15300 SW Myrtle Drive Indiantown, FL 34956 | Trons Name and Title: Address: Name and Title: Address: |

| Name and Title: | · · · · · · · · · · · · · · · · · · · | Name and Title: | |
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| | REGISTERED AGENT orida street address (P.O. Box NOT accept | able) of the registered agent is: | |
| Name: | Sister Mary Dooley | delet) et uie registered agent is: | , |
| Address: | 16248 SW Two Wood Way | | ं जै |
| Addiess. | Indiantown, FL 34956 | | |
| | | and the state of | Z9 PM |
| | INCORPORATOR | • | 1 |
| The name and address of the Incorporator is: | | .11. | |
| Name: | Sister Katherine Kinna | <u> </u> | (e ^{2−} (1) CΩ · |
| Address: | 16273 SW Four Wood Way | | |
| | Indiantown, FL 34956 | · | |
| Effective date, if o | EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and | cannot be more than five busine | |
| Note: If the date i | nserted in this block does not meet the applicate on the Department of State's record | | ts, this date will not be listed as the |
| certificate, I am fa | ed as registered agent to accept service of miliar with and accept the appointment as a company of the company of Reguired Signature of Registered S | registered agent and agree to act i | n this capacity |
| Vio | Required Signature of Registered | geht gent | 5/13/15 Date |
| to the Department | nent and affirm that the facts stated herein of State constitutes a third degree felony as | provided for in \$ 817.155. E.S. | se information submitted in a document |
| Lester | Katherene Kinnally Required Signature of Information | processing or memore ready a sale | 5/13/15 |
| <i>T</i> | Required Signature of Indorpo | prator | Date |