

N 15000006484

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

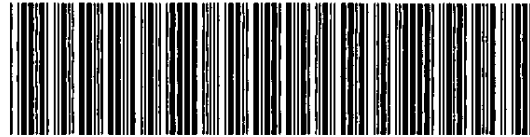
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CLERK OF DISTRICT COURT  
JUL 10 2015

7/7/15

## COVER LETTER

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

**SUBJECT:** Gifted Love 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:** Kalum Harris  
\_\_\_\_\_  
Name (Printed or typed)

21930 sw 108th court  
\_\_\_\_\_  
Address

Miami, FL 33170  
\_\_\_\_\_  
City, State & Zip

305 297-6439  
\_\_\_\_\_  
Daytime Telephone number

harriskalum@yahoo.com

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

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CORPORATION OF FLORIDA  
TALLAHASSEE, FLORIDA

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



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2015

KALUM HARRIS  
21930 SW 108TH COURT  
MIAMI, FL 33170

SUBJECT: GIFTED LOVE FOUNDATION INC.  
Ref. Number: W15000041752

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15 JUL -6 PM 4:38  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for GIFTED LOVE FOUNDATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 315A00012597

*Gifted Love Foundation Inc. of South Florida*

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

**ARTICLE I NAME**

The name of the corporation shall be: Gifted Love Foundation Inc. of South Florida

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
21930 sw 108th court

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Miami, FL 33170

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Gifted Love Foundation Inc. is a nonprofit community based organization of South Florida serving South Florida. Our mission is to shape families and brighten the futures of our at risk youth. We are devoted to restoring the foundation of families to help them achieve immediate and lasting changes in their lives.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By the board member

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

Name and Title:	Kalum Harris/Board Member	Name and Title:	James Lockett/ Board Member
Address	21930 sw 108th court	Address:	675 sw 5th street
	Miami, FL 33170		Florida City, FL 33034
Name and Title:	Alferd Williams/ Board Member	Name and Title:	
Address	3935 NE 12th Drive	Address:	
	Homestead, FL 33033		
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: Kalum Harris

Address: 21930 sw 108th court

Miami, FL 33170

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: James Lockett

Address: 675 sw 5th street

Florida City, FL 33034

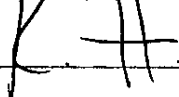
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

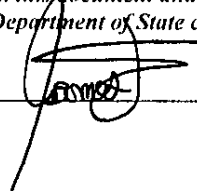
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06/04/2015  
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

06/04/2015  
Date

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DEPARTMENT OF STATE