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COVER LETTER .

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

SUBJECT: Community	Kids Foundation of CF Inc.			
	(PROPOSED CORPO	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Art	ticles of Incorporation and	a check for :	
	./			
\$70.00	\$78.75	□\$78.75	\$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of	& Certified Copy	Certified Copy	
	Status		& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Georgia Davis			
TROM.	Name (Printed or typed)			
	8219 Sun Spring Cir. #11			
	Total Control of the second se	Address	-	

Orlando, Florida 32825

ckidsmakingadifference@yahoo.com

407-756-4883

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

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

City, State & Zip

Daytime Telephone number

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

ARTICLE I	I PRINCIPAL OFFICE			
82	Principal <u>street</u> address: 19 Sun Spring Cir. #11	821	Mailing address, if different is 9 Sun Spring Cir. #11	3:
Orl	Orlando, Florida 32825		Orlando, Florida 32825	
and create c	e for which the corporation is organized is:	can use the skills lea		out not limited
	run (which benefits Sickle Cell Anemia rea			
	ook collection for adopted title 1 schools, a			
	pants will use what they've learned from the	e training to play viti	il roles in the organizational process	of the
mentioned p	orojects.			
<u>ARTICLE I</u>	V MANNER OF ELECTION The ma	nner in which the dire	ectors are elected and appointed:	ointed by Pres/VI
IRTICLE V	/ INITIAL OFFICERS AND/OR DIRE	CTORS	Carrie Davis -Secretary/MGR	ointed by Pres/VI
ARTICLE I	/ INITIAL OFFICERS AND/OR DIRE	CCTORS Name and Title	Carrie Davis -Secretary/MGR	ointed by Pres/VI
I RTICLE I Name and T	/ INITIAL OFFICERS AND/OR DIRE itle:	CTORS	Carrie Davis -Secretary/MGR	ointed by Pres/VI
Name and T	itle: Georgia Davis - President/AMBR 8219 Sun Spring Cir. #11 Orlando, Florida 32825 Tyler Davis- Director/AMBR	CTORS Name and Title Address:	Carrie Davis -Secretary/MGR 952 Courtyard Lane #21 Orlando, Florida 32825	ointed by Pres/VI
ARTICLE IN Name and Total Address	itle: Georgia Davis - President/AMBR 8219 Sun Spring Cir. #11 Orlando, Florida 32825 Tyler Davis- Director/AMBR	CTORS Name and Title Address:	Carrie Davis -Secretary/MGR	15
Name and T Address	itle: Georgia Davis -President/AMBR 8219 Sun Spring Cir. #11 Orlando, Florida 32825 Tyler Davis- Director/AMBR	CCTORS Name and Title Address: Name and Title	Carrie Davis -Secretary/MGR 952 Courtyard Lane #21 Orlando, Florida 32825	15 AUG -
Name and T Address Name and T	itle: Georgia Davis -President/AMBR 8219 Sun Spring Cir. #11 Orlando, Florida 32825 itle: Tyler Davis- Director/AMBR 8219 Sun Spring Cis. #11 Orlando, Florida 32825	Name and Title Address: Name and Title Address: Address:	Carrie Davis -Secretary/MGR 952 Courtyard Lane #21 Orlando, Florida 32825	15 AUG - 5 AM
ARTICLE V	itle: Georgia Davis -President/AMBR 8219 Sun Spring Cir. #11 Orlando, Florida 32825 itle: Tyler Davis- Director/AMBR 8219 Sun Spring Cis. #11 Orlando, Florida 32825	Name and Title Address: Name and Title Address: Address:	Carrie Davis -Secretary/MGR 952 Courtyard Lane #21 Orlando, Florida 32825	15 AUC - 5 A

Name and Title:_		Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·		
Name and Title:_		Name and Title:	
Address		Address:	
	REGISTERED AGENT		
	orida street address (P.O. Box NOT accept Georgia Davis	lable) of the registered agent is;	
Name: Address:	8219 Sun Spring Cir #	 1 11	
Address.	Orlando, Florida 3282	 	
	INCORPORATOR dress of the Incorporator is:		
Name:	Georgia Davis		
Address:	8219 Sun Spring Cir.	<u>#11</u>	
	Orlando, Florida 3282	25	
ARTICLE VIII	EFFECTIVE DATE:	(0.0000.000.000.000.000.000.000.000.000	
(If an effective defective defective defective defective)	other than the date of filing:ate is listed, the date must be specific and	d cannot be more than five business days prior or 90 bus	iness days
	inserted in this block does not meet the appive date on the Department of State's record	plicable statutory filing requirements, this date will not be listed.	sted as the
		of process for the above stated corporation at the place des registered agent and agree to act in this capacity	signated in this
Jest Col	ZHA (08/01/2015)
,	Required Stgnature of Registered A	Agent Date	-
	ment and affirm that the facts stated hereit t of State constitutes a third degree felony a	n are true. I am aware that any false information submitted is provided for in s.817.155, F.S.	l in a document
Loca	Sul Da	08/01/2015	5
-	Required Signature of Incorpo		