## NI500008661

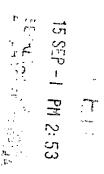
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: KINGDOM	LOVE CELEBRATIONS, IN	C				
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for			
Endrosed is all original t	and one (1) copy of the 111	The corporation and	u oneck for .			
\$70.00	\$78.75	\$78.75	<b>\$87.50</b>			
·	* * *	,	·			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
	Certificate of	& Certified Copy	Certified Copy			
	Status		& Certificate			
		ADDITIONAL COPY REQUIRED				

FROM:

Name (Printed or typed)

209 NE 23Rd Ave

Address

Pompano Beach, Fl. 33062

City, State & Zip

954 865 7272

Daytime Telephone number

klc.info@aol.com

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)

	corporation shall be:	Tr. co.	n n
<u>ARTICLE II</u>	<u>PRINCIPAL OFFICE</u>		SFP.
209 N	Principal <u>street</u> address: E 23Rd. Ave.	Mailing address, if different is: 77.	<u></u>
			3
Pomp	ano Beach, Fl. 33062		??
		**************************************	53
• •	PURPOSE  r which the corporation is organized is:	The purpose of KINGDOM LOVE CELEBRATIONS, INC,	
		sponding section of any future Federal tax code. The mission of	
		by giving free lectures and slideshows titled "The Celebration of the	Love and
Life", in schoo	ls, libraries, and other public venues as	s well as utilizing social media channels and the website. Our mission	is to bring
men and wome	an to the realization of the value that re-	sides in their being; an unmeasurable treasure. It is crucial that they I	ive from
their own. This	s is the only way to move freely, toward	ds being afirmed and strenthen to fully reality the purpose they were	called for.
ARTICLE IV	MANNER OF ELECTION The m	nanner in which the directors are elected and appointed:	
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS	
Address	Sily Bustillo -PRESIDENT	Name and Title:	
	209 NE 23Rd. Ave.	Address:	
	Pompano Beach, Fl. 33062		
Name and Titl	e:	Name and Title:	
Address _	209 NE 23Rd. Ave.	Address:	
	Pompano Beach, Fl. 33062		
Name and Titl		Name and Title:	
Address		Address:	

Name and Title	1	Name and Title:	
Address		Address:	
			<del></del>
Name and Title	·	Name and Title:	
Address		Address:	
		7-	<u> </u>
ARTICLE VI The name and 1	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	able) of the registered agent is:	- PR
Name:	Sily Bustillo		- 153
Address:	209 NE 23Rd. Ave.	- <del></del>	က္က မြို့ ကြောင်း Me
71441000.	Pompano Beach, Fl. 33062		_
		<del></del>	
	INCORPORATOR  address of the Incorporator is:		
	Jose W. Osorio		
Name:	9200 NW 38Th Dr. St	 e 1	
Address:	Coral Springs, Fl. 3300		
	Corar Springs, 11. 3500	<u> </u>	
	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	
(If an effective after the filing.		cannot be more than five business days prior or	· 90 business days
	te inserted in this block does not meet the applective date on the Department of State's record	licable statutory filing requirements, this date will r	not be listed as the
Having been n certificate, I am	amed as registered agent to accept service of familiar with and accept the affpointment as i	process for the above stated corporation at the pregistered agent and agree to act in this capacity	lace designated in this
		08/28/2	2015
	Required Signature of Registered A		ate
I submit this do to the Departma	cument and affirm that the facts stated herein ent of State constitutes a third degree felony as	are true. I am aware that any false information su provided for in s.817.155, F.S.	bmitted in a document
		08/28/	2015
	Required Signature of Incorpo	prator	late