

# N15000010910

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

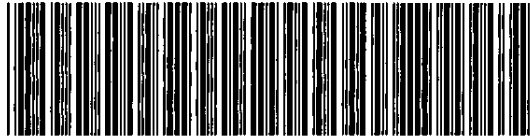
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

V/H

## COVER LETTER

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

**SUBJECT:** My Magic Moment, 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:** Karen Fedick  
\_\_\_\_\_  
Name (Printed or typed)

PO Box 650661  
\_\_\_\_\_  
Address

Vero Beach, FL 32965  
\_\_\_\_\_  
City, State & Zip

(772) 778-5999  
\_\_\_\_\_  
Daytime Telephone number

sersolutions@yahoo.com

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

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



PO Box 650661  
Vero Beach, FL 32965

July 30, 2015

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

\* RE: Release of Corporation Name

To Whom It May Concern:

As the Principal Owner/President of My Magic Moment, Inc., I would like to release the name "My Magic Moment, Inc.". If you need any further information, please contact me at (772) 778-5999, sersolutions@yahoo.com, or at the address listed at the top.

Thank you,

Lance Fedick  
Principal Owner/President  
My Magic Moment, Inc.

Enclosures: 2 (NonProfit Articles of Incorporation and Check)

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

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: My Magic Moment, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
255 55th Avenue SW

Vero Beach, FL 32968

Mailing address, if different is:  
PO Box 650661

Vero Beach, FL 32965

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

- 1) Provide gifts, particularly talent developing and educational presents, to underprivileged children during the Christmas season.
- 2) Provide children with gifts that may include but are not limited to: books, educational games, toys, financial assistance for education, music lessons, co-curricular sports, or etc., throughout the year.
- 3) Provide financial assistance to families experiencing hardships with young children in the household.
- 4) Fund raise and raise public awareness of the organization.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Stated in Bylaws

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

Name and Title:	<u>Lance Fedick, President</u>	Name and Title:	<u>Karen Fedick, Secretary</u>
Address	<u>255 55th Avenue SW</u>	Address:	<u>255 55th Avenue SW</u>
	<u>Vero Beach, FL 32968</u>		<u>Vero Beach, FL 32968</u>
<hr/>			
Name and Title:	<u>Shawn Wync, Treasurer</u>	Name and Title:	<u>Dr. Gregory Harris, Director</u>
Address	<u>1101 27th Avenue</u>	Address:	<u>317 Hart Road</u>
	<u>Vero Beach, FL 32960</u>		<u>Davenport, FL 33837</u>
<hr/>			
Name and Title:	<u>Jason Calloway, Director</u>	Name and Title:	<u>Kathy Brennan, Director</u>
Address	<u>1786 20th Avenue SW</u>	Address:	<u>525 21st Avenue</u>
	<u>Vero Beach, FL 32962</u>		<u>Vero Beach, FL 32962</u>
<hr/>			

Name and Title: _____	Name and Title: _____	<b>APPROVED AND FILED</b>  <b>15 OCT 26 PM 3:31</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
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: Karen Fedick  
 Address: 255 55th Avenue SW  
Vero Beach, FL 32968

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amy Threlkeld  
 Address: 925 20th Avenue  
Vero Beach, FL 32960

**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

10-14-15  
 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

Oct. 14, 2015  
 Date