

N 1500011421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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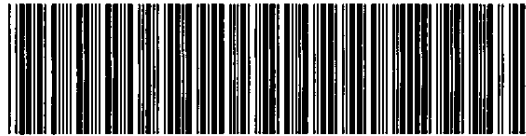
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 12/2/15

COVER LETTER

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

SUBJECT: Kindness 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: CAROLE HARRIS BARTON
Name (Printed or typed)

700 Mease Plaza #651
Address

Dunedin, FL 34698
City, State & Zip

727-738-3123
Daytime Telephone number

cwillettbarton@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

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

ARTICLE I NAME

The name of the corporation shall be: Kindness Foundation, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
700 Mease Plaza #651, Dunedin, FL 34698

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To support and improve the lives of people and animals in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By appointment of the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carole Harris Barton, President, ^{Director} 700 Mease Plaza #651, Dunedin, Florida 34698

Name and Title: Noelle D Willett, Director, 1380 Duncan Loop Drive, South #6-304, Dunedin, Florida 34698

Name and Title: Amber Dawn Chamberlain, Director, 7046 Darby Town Court, Alexandria, VA 22315

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Carole Harris Barton, 700 Mease Plaza # 651, Dunedin, FL 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Burns, 700 Mease Plaza #734, Dunedin, FL 34698

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 state 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.

Carole Harris Barton

Required Signature of Registered Agent

Carole Harris Barton, 700 Mease Plaza #651, Dunedin, FL 34698

11-18-2015

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.

Barbara C Burns

Required Signature of Incorporator

Barbara Burns, 700 Mease Plaza #734, Dunedin, FL 34698

11/18/2015

Date