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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: MIAMIKIDS FUNTIME
(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: MICHAEL DAY
Name (Printed or typed)

25 N.E. 158 STREET

Address

N.MIAMI BCH FLA,33162

City, State & Zip

305-904-8568

Daytime Telephone number

MICHAELDAY978@MSN.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)

ARTICLE I NAME

The name of the corporation shall be: MIAMIKIDS FUNTIME INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4055 NW 17 AVE

Mailing address, if different is:

MIAMI FLA, 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO SUPPORT AND ENHANCE POSITIVE GROWTH FROM THE YOUTH IN OUR COMMUNITY

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TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: MAJORITY VOTE E

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT WIGGINS - PRESIDENT /CEO Name and Title: Dr. W.Edward Mitchell JR Ph.d- Vice I

Address: 1529 NW 17 AVE, MIAMI FLA, 33142 Address: 1529 N.W. 17Ave, Miami Fla 33142

Name and Title: Rev. Michael Day MHSA- Treasurer Name and Title: Bro. Rolando Hallmon MS- Executive

Address: 1529 N.W. 17 Ave, Miami Fla, 33142 Address: 1529 N.W. 17ave, Miami Fla,33142

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: MICHAEL DAY
Address: 25 N.E. 158 STREET
MIAMI FLA, 33162

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: ROBERT WIGGINS
Address: 5129 NW 17 AVE, MIAMI FLA, 33142


ARTICLE VIII EFFECTIVE DATE: 04/01/2016

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

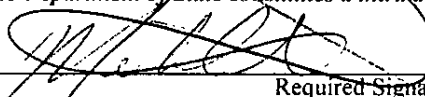


Required Signature of Registered Agent

11/10/2015

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

11/10/2015

Date