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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FRORIDA

0408-16

COVER LETTER

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

SUBJECT:	MIAMIKIDS FUNTIME			
	(PROPOSED CORPOR	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original ar	nd one (1) copy of the Artic	les 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 CO			PY REQUIRED	
FROM:		MICHAEL DAY		
	Name			
	25 N.E. 158 STREET			
Address				
	N.MIAMI BCI	_		
	Ci	_		
	305-904-8568			

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

Daytime Telephone number

MICHAELDAY978@MSN.COM

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

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

The name of the	NAME e corporation shall be:	MIAMIKIDS FUN	ΓΙΜΕ INC.			_
ARTICLE II	PRINCIPAL OFFICE					
	Principal <u>street</u> address: 4055 NW 17 AVE		Mailing address, if differe	ent is:		
	MIAMI FLA, 33142					
 ARTICLE III	PURPOSE					
	r which the corporation is organized is:			≥S.	16	
	AND ENHANCE POSITIVE GROWT				HAR	C ·
				<i>S</i> ₁ ≥ 2	<u> </u>	National Section 1
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				ORI	្នា	V. Bernis
				S _(ii)	0	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE					
Name and Title	ROBERT WIGGINS - PRESIDENT /C	Name and Title	Dr. W.Edward Mitchell JR Ph.	d- Vice I		
Address	1529 NW 17 AVE, MIAMI FLA, 3314	42 Address:	1529 N.W. 17Ave, Miami Fla 3	13142		
Name and Title	Rev. Michael Day MHSA- Treasurer	—— Name and Title	Bro. Rolando Halimon MS- Ex	ecutive 1		
Address	1529 N.W. 17 Ave, Miami Fla, 33142	Address:	1529 N.W. 17ave, Miami Fla,3	3142		
				art Million A		
Name and Title		Name and Title				
Address		Address:				
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Effective date, if other than the date of filing: (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 fite appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	Name and Title	×	Name and Title:	
Address: Address: Address: MICHAEL DAY Address: MIAMI FLA, 33162 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: ROBERT WIGGINS ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Od/01/2016 Effective date, if other than the date of filing: 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 fire appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document on the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. 11/10/2015	Address	. ,	Address:	
Address: Address: Address: MICHAEL DAY Address: MIAMI FLA, 33162 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ROBERT WIGGINS ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: ROBERT WIGGINS ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Od/01/2016 (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 selfs and accept fire oppointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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 x.817.155, F.S. 11/10/2015				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: MICHAEL DAY 25 N.E. 158 STREET MIAMI FLA, 33162 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ROBERT WIGGINS 5129 NW 17 AVE, MIAMI FLA, 33142 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 five appointment as registered agent and agree to act in this capacity 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.	Name and Title	::	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: MICHAEL DAY 25 N.E. 158 STREET MIAMI FLA, 33162 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ROBERT WIGGINS 5129 NW 17 AVE, MIAMI FLA, 33142 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 five appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a documen to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 11/10/2015	Address		Address:	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 11/10/2015 Required Signature of Registered Agent 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.	The name and Name: Address: ARTICLE VII The name and	Florida street address (P.O. Box NOT accept MICHAEL DAY 25 N.E. 158 STREET MIAMI FLA, 33162 INCORPORATOR address of the Incorporator is:	SECRETARY TALL AHASSE	
Effective date, if other than the date of filing: (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 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.	Address:	5129 NW 17 AVE, MIAMI FLA,	33142	
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 1 1 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 documen to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 1 1 10 2015	Effective date, (If an effective after the filing Note: If the da	if other than the date of filing: 04/01/201 date is listed, the date must be specific and .) te inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be lis	·
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a documen to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 11/10/2015			registered agent and agree to uct in this capacity	ignated in this
to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 11/10/2015	-107	Required Signature of Registered A		
	I submit this do to the Departm	ocument and affirm that the facts stated herein ent of State constitutes a third degree felony as	n are true. I am aware that any false information submitted s provided for in s.817.155, F.S.	in a document
Required Signature of Incorporator Date	11/		11/10/2015	
	17	Required Signature of Incorpo	orator Date	

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