

N/60000/0839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

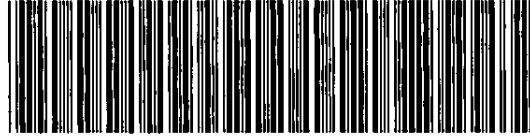
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DATE NOV -3 PM 2:15

11/09/16

## COVER LETTER

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

**SUBJECT:** Kickstart U2 College 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:** Melissa Diaz  
\_\_\_\_\_  
Name (Printed or typed)

405 Monroe Place  
\_\_\_\_\_  
Address

Port Orange, FL 32127  
\_\_\_\_\_  
City, State & Zip

(386) 383-9716  
\_\_\_\_\_  
Daytime Telephone number

Meli62695@gmail.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Kickstart U2 College Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1411 NW 2nd Ave  
Apt. 206  
Gainesville, FL 32603

Mailing address, if different is:  
405 Monroe Place  
Port Orange, FL 32127

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: a not-for-profit organization that aims to not only  
help students obtain access to higher education, but also to equip them with the resources to succeed in their postsecondary  
institution. We believe that everyone deserves the opportunity to obtain a proper education and that a lack of resources should not  
prevent their achievement of success. Hence we will mentor student to realize their potential, guide them in planning their future  
and provide them the resources to fulfill their plans.

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

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

Name and Title:	<u>Ariana Haghani: Executive Director/Co-Fc</u>	Name and Title:	<u></u>
Address	<u>1059 Larkspur Loop</u> <u>St. Johns, FL 32259</u>	Address:	<u></u> <u></u>
Name and Title:	<u>Melissa Diaz: Executive Director/Co-Foun</u>	Name and Title:	<u></u>
Address	<u>405 Monroe Place</u> <u>Port Orange, FL 32127</u>	Address:	<u></u> <u></u>
Name and Title:	<u>John Lacey: Director</u>	Name and Title:	<u></u>
Address	<u>353 SW Wise Dr.</u> <u>Lake City, FL 32024</u>	Address:	<u></u> <u></u>

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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: Melissa Diaz

Address: 405 Monroe Place  
Port Orange, FL 32127

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Melissa Diaz

Address: 405 Monroe Place  
Port Orange, FL 32127

**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.)

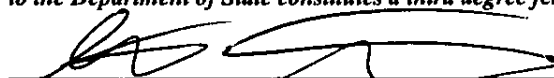
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/28/16  
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

10/28/16  
Date