

N/600001150

\_\_\_\_\_  
(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  
DIVISION OF CORPORATE & BUSINESS SERVICES  
DATE NOV 18 PM 2:15

11/22/16

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

SUBJECT: K3S DIVA'S 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: Sherik Clay  
Name (Printed or typed)

8604 Athena Ct  
Address

Lehigh Acres FL 33971  
City, State & Zip

239 288 6297  
Daytime Telephone number

KSdivas@comcast.net  
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: K 3 S DIVAS Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8604 Athena Ct.  
Lehigh Acres FL 33971

Mailing address, if different is:

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DIVISION OF CORPORATIONS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To empower and educate  
young girls into become valued women in today's  
society.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: will be appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Sherik Clay / President</u>	Name and Title:	<u>Komaka Hillard / Vice President</u>
Address	<u>8604 Athena Ct</u> <u>Lehigh Acres FL 33971</u>	Address:	<u>3416 South St</u> <u>Fort Myers FL 33916</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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: Sherik Clay

Address: 8604 Athena Ct  
Lehigh Acres FL 33971

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherik Clay

Address: 8604 Athena Ct.  
Lehigh Acres FL 33971

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 days prior or 90 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

Sherik Clay  
Required Signature of Registered Agent

11/14/16  
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.

Sherik Clay  
Required Signature of Incorporator

11/14/16  
Date

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DIVISION OF CORPORATIONS  
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