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COVER LETTER

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

SUBJECT: Kids With A	Purpose, Inc.							
SUBSECT.	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)					
Enclosed is an original a	nd one (1) copy of the Artic	les of Incorporation and	a check for:					
· ·		<u></u>						
\$70.00	378.75	□ \$78.75	\$87.50					
Filing Fee	Filing Fee &	Filing Fee	•					
	Certificate of	& Certified Copy						
	Status		& Certificate					
		ADDITIONAL CO	TIONAL COPY REQUIRED					
FROM:	Gail Stephens							
	Name	(Printed or typed)	Filing Fee, y Certified Copy & Certificate					
	960 N.W. 15th Street Apt. 6							
		Address						
		Address						
	Florida City, FL 33034							
	City, State & Zip							
	(305) 246-5505							

gailstevens960@comcast.net

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

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

Daytime Telephone number

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

ARTICLE I The name of the	NAME corporation shall be:	Kids With A Purpose	e, Inc.		<u> </u>		_
ARTICLE II	PRINCIPAL OFFI	<u>CE</u>			<u>12</u>	<u></u>	
960 N	Principal <u>street</u> add IW 15th Street, Apt. 6			Mailing address, if different		ъ Б	
Floric	la City, FL 33034				[] STA	2:	
					IDA	~	
• •	r which the corporation	on is organized is:		ganized and operated exclusively to 501(c)(3) of the Internal Revenue			spondin
sections of any	future federal tax co	de(s). Upon dissoluti	on of the corporat	ion, assets shall be distributed for	one or 1	nore ex	empt
purposes withi	n the meaning Section	n 501(c)(3) of the Inte	rnal Revenue Cod	le, or corresponding sections of an	y future	tax co	de, or
shall be distrib	uted to the federal go	vernment, or to state of	or local governmen	nt, for a public purpose.			
and a major	INITIAL OFFICE	RS AND/OR DIRECT		nnual election meeting.		-	
Name and Title		<u></u>	_ Name and Title				
Address	960 NW 15th St. #6		_ Address:	960 NW 15th St. #6			
	Florida City, FL 330)34	-	Florida City, FL 33034			
Name and Title	Komonique William	ns, V. President	Name and Title	Tania Jones, Secretary			
Address	960 NW 15th St. #6		_ Address:	960 NW 15th St. #6			
	Florida City, FL 330	34	-	Florida City, FL 33034			
Name and Title	Angela Smith, Trea	surer	- Name and Title	:			
Address	960 NW 15th St. #6		Address:				
	Florida City, FL 330)34	_				
			_				

Name and Title:		Name and Title:				
Address		Address:				
-						
Name and Title:		Name and Title:				
Address		Address:		 		
	REGISTERED AGENT Clorida street address (P.O. Box NOT acception of the company of	ptable) of the registered ag	ent is:			
Address:	960 NW 15th Street, Apt	. 6				
	Florida, FL 33034			A	17	
	INCORPORATOR ddress of the Incorporator is:			### TARE	JAN -6	े. ज
Name:	Gail Stephens			T 22	<u> </u>	277 247 240
Address:	960 NW 15th Street, Apt	t. 6		TART OF STATE	2:12	
ARTICLE VIII Effective date, i	EFFECTIVE DATE: other than the date of filing:	.(0	PTIONAL)			
(If an effective after the filing.	date is listed, the date must be specific an	d cannot be more than f	ive business days prior	r o r 90 b	usines	s days
	e inserted in this block does not meet the ap ctive date on the Department of State's reco		equirements, this date w	ill not be	listed :	as the
	med as registered agent to accept service of familiar with and accept the appointment a				designa '	ated in this
f) and	Required Signature of Registered	Agent	10	1/7/ Data/	115	_
	cument and affirm that the facts stated here	ein are true. I am aware th		n submiti	ted in a	document
to the Departme	nt of State constitutes a third degree felony.		55, F.S.	,	/	
77	Required Signature of Incor	porator	10/	/	16	_