## N17000009298

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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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August 28, 2017

SEAN MEDER P.O. BOX 560004 MONTVERDE, FL 34756

SUBJECT: TEAM TEN 4 KIDS Ref. Number: W17000070366

We have received your document for TEAM TEN 4 KIDS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Bylaws are not filed with this office. Please retain them for your records.

Please Submit Only ONE Set of Articles. Multiple Articles of Incorporation are unacceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 717A00017644



## **COVER LETTER**

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

	4 Kids, Inc. (PROPOSED CORP	PORATE NAME – <u>MUST IN</u>	CLUDE SUPFIX)
closed is an original	and one (1) copy of the Ar	ticles of Incorporation and	a check for:
\$70.00	\$78.75	□\$78.75	\$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
		]	
		ADDITIONAL CO	PY REQUIRED
FROM:	Sean Meder		PY REQUIRED
FROM:		ADDITIONAL CO	PY REQUIRED
FROM:		me (Printed or typed)	PY REQUIRED
FROM:	Nar		PY REQUIRED
FROM:	PO Box 560004  Montverde, FL 34756	me (Printed or typed) Address	PPY REQUIRED
FROM:	PO Box 560004  Montverde, FL 34756	me (Printed or typed)	PY REQUIRED
FROM:	PO Box 560004  Montverde, FL 34756  321-239-3758	me (Printed or typed) Address	PPY REQUIRED

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 The name (	I NAME of the corporation shall be: Team Ten 4	Kids Inc	;	٠ - ز		
			-		<u>.</u> 7 ∵	
ARTICLE	II PRINCIPAL OFFICE				SFP	
	Principal street address:		Mailing address, if different is: 7		<u></u> دب	- 
1	011 Lascala Drive			۹.		٠-
_			- <u></u> -		===	
<u>v</u>	Vindermere, FL 34786		· · · · · · · · · · · · · · · · · · ·	<u>ຼິ່</u> ນີ້ <sup>2</sup> 2	<u> </u>	
					<u>သ</u>	
				-		
<u>ARTICLE</u>	III <u>PURPOSE</u>					
	se for which the corporation is organized i					
	. Nonprofit Purpose: This corporatio	<del>-</del>	-		•	
	purposes, the making of distributions of the Internal Revenue Code, or th		, -		sect	ION
<del></del>	of the internal Revenue Code, or the	e corresponding section	of any future federal tax code			
<del></del>						
ARTICLE.	IV MANNER OF ELECTION The	manner in which the directors	are elected and appointed:			
	for voting membership shall be reserved for					
	Kids, Inc. Board is limited to Ten (10) Roa all win a vote and the Chairman's vote shall of					.
ARTICLE			invite. In the event, the Chairman air	Stams t	я 15 пс	
Name and 1	Title: Sean Meder - Chairman	Name and Title: Till	n Lesnick - Vice Chairman			
ranic and		Name and Title.		<del></del>		
Address	PO Box 560004		Brightwater Circle	_		
	17660 CR 455	Ма	itland, FL 32751			
	Montverde, FL 34756					
				_		
Name and I	Title: Jason Shelfer - Treasurer	Name and Title: Da	n Hoover - Secretary	_		
	4044 Langela D.	_				
Address	1011 Lascala Drive Windermere, FL 34786		19 Augusta National Drive hter Springs, FL 32708	-		
				_		
				_		
Name and T	Title: TBD - Marketing Director	Name and Title:		-		
Address		Address:				
		71001000.		_		
				_		

Name and Title:	·	Name and Title:			
Address		Address:			
-			<del>/                                    </del>		
-					
)			_		
Name and Title:	<del>//</del>	Name and Title:	<del>/-</del>		
Address _		Address:			
-		<del>-</del>			
_			<del></del>	<del></del>	
ARTICLE VI	REGISTERED AGENT				
The <u>name and F</u>	lorida street address (P.O. Box NOT ac	ceptable) of the registered as	gent is:		
Name:	Sean Meder				
	17660 CR 455				
Address:	Montverde, FL 34756	<del></del>		<b>⋝</b> .	
				三洲	17
				. <u></u>	SE S
	INCORPORATOR			Marie 1971 1971 A	<u></u>
The name and ac	Idress of the Incorporator is:			솔건	;-
Name:	Sean Meder			•,•	<del></del>
	17660 CR 455			84 24	بي
Address:	Montverde FL 34756			32	သ <b>7</b>
		<del></del>		<b>₩</b>	
ARTICI E VIII	EFFECTIVE DATE:				
Effective date, if	other than the date of filing: August 1,	2017 (O	PTIONAL)		
(If an effective d	ate is listed, the date must be specific a	and cannot be more than I	live days prior or 90 days	after the	filing.)
	inserted in this block does not meet the		equirements, this date will r	not be liste	d as the
document's effect	tive date on the Department of State's re-	cords.			
	ned as registered agent to accept service amiliar with and accept the appointment			olace desig	nated in this
		as regimered agent and agr	/	. 1	
Xb	Required Signature of Registere		9/0	17/17	
	Required Signature of Registere	d Agent	מ	)ate	
	iment and affirm that the facts stated he			ubmitted in	a document
to the Departmen.	t of State constitutes a third degree felon	y as provided for in s.817.12	55, F.S.	/ ,	
JE	le_		9/	6/17	

Date

Required Signature of Incorporator