

N17000010775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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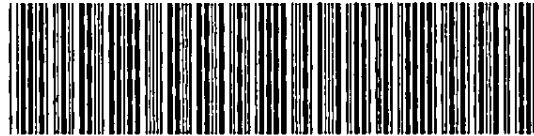
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: KULOBA FOUNDATION, 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: KULOBA FOUNDATION, INC.

Name (Printed or typed)

4530 BALMORAL DR.

Address

PENSACOLA, FL 32504

City, State & Zip

270-842-4242

Daytime Telephone number

BRUNO.KULOBA@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)

ARTICLE I NAMEThe name of the corporation shall be: KULOBA FOUNDATION, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
4530 BALMORAL DRIVE
PENSACOLA FL, 32504

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: TO PROVIDE THE GIFT OF HOPE TO THE DISADVANTAGED.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:AS stated in the Bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LT BRUNO KULOBA, DDS,Address: CHAIRMAN7277 CHARLOTTE PK UNIT 257
NASHVILLE TN 37209Name and Title: ZACK ERICKSON,Address: VICE CHAIRMAN1101 GOLDEN SILENCE DR. 33579
RIVERVIEW, FL.Name and Title: BASIL KULOBA, SECRETARYAddress: 4350 BALMORAL DR
PENSACOLA, FL 32504Name and Title: PAMELA KULOBA, NPAddress: TREASURER
4530 BALMORAL DRIVE
PENSACOLA FL 32504Name and Title: BERNARD KULOBA, DIRECTORAddress: 4350 BALMORAL DRIVE
PENSACOLA, FL 32504Name and Title: VALERIE KULOBA, DIRECTORAddress: 1101 GOLDEN SILENCE DR.
RIVERVIEW, FL 3357917 SEP 22 PM 4:38
CL

Name and Title: LT. BONVENTURE KULEBA, DIRECTOR Name and Title: _____
Address: 2801 LIVE OAK STREET APT 4101 Address: _____
DALLAS, TX 75204 _____

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: LT BRUNO KULOBA, DDS
Address: 4350 BALMORAL DRIVE
PENSACOLA, FL 32504

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LT BRUNO KULOBA, DDS
Address: 4350 BALMORAL DRIVE
PENSACOLA, FL 32504

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.

Bruno Kuleba
Required Signature of Registered Agent

9-18-17
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.

Bruno Kuleba
Required Signature of Incorporator

9-18-17
Date