

N17000012049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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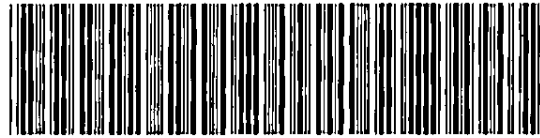
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 DEC -4 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 06 2017

K. Brumbley

COVER LETTER

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

SUBJECT: EKFM, 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: Asher Rost
Name (Printed or typed)

533 NE 3rd Ave, Apt 409

Address

Ft Lauderdale, FL 33301

City, State & Zip

754-333-0352

Daytime Telephone number

arkidsurge@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 NAME

The name of the corporation shall be: EKFM, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
533 NE 3rd Ave, Apt 409

Ft Lauderdale, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To increase cardiovascular activity, health awareness,
nutrition awareness and access to fitness programs tailored for kids of all ages,
including those with special needs.

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Asher Rost, President

Name and Title: _____

Address 533 NE 3rd Ave, Apt 409
Ft Lauderdale, FL 33301

Address: _____

Name and Title: Vera Valerio, Vice President

Name and Title: _____

Address 3592 SW 14th St
Pahokee, FL 33476

Address: _____

Name and Title: Naulie Vilsaint, Treasurer

Name and Title: _____

Address 1670 NW 42nd St
Oakland Park, FL 33309

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: Asher Rost

Address: 533 NE 3rd Ave, Apt 409

Ft Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Asher Rost

Address: 533 NE 3rd Ave, Apt 409

Ft Lauderdale, FL 33301

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

Asher Rost

Required Signature of Registered Agent

11/29/17

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.

Asher Rost

Required Signature of Incorporator

11/29/17

Date