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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614) 280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION KICKS FOR KIDS, INC.

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T. SCOTT

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· · · · · · · · · · · · · · · · · · ·	S OF INCORPORATION th Chapter 617, F.S., (Not for Profit)
ARTICLE I NAME The name of the corporation shall be: KICKS FOR KIOS.	
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address: .6500 SW 94th Street	Mailing address, if different is:
Pinecrest, FL 33166	
Firecles (L 03100	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
A Non-profit corporation designed to provide shoes for the	e underprivileged youth
The Non-profit corporation is organized exclusively for ch	heritable purpose, including, for such purpose, of distributions to
organizations that qualify as exempt organizations under s	sections 501 (c)(3) of the Internal Revenue Code, la addition, the Non-
profit corporation will distribute charitable donations outs	side the United States of America. No part of the net earnings of the corporate
shall insure to the benefit its members.	
	An arrand to the follow
ARTICLE IV MANNER OF ELECTION The manner	er in which the directors are elected and appointed: As stated by the bylar
IDEACH E II DUIT II A CEICEBE AND AD DIDICA	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	<u>ORS</u>
Name and Title:	Name and Title:
6500 SW 94th Street	
Address Pinecrest, FL 33156	Address:
Name and Title: Darrell Smith - Tresurer	Name and Title:
Address 6500 SW 94th Street	Address:
Pinecresi, FL 33156	AND A
Name and Title: Catherine A. Smith - Secretary	Name and Title:
Address 6500 SW 94th Street	Address:
Pinecrest, FL 33156	

Name and Title:_		Name and Title:	
Address		Address:	<u> </u>
	•		
. ,	,	-	
Name and Title:_	S. A.	Name and Title:	
Address		Address:	
·			
	• • • • • • • • • • • • • • • • • • • •		
ARTICLE VI	REGISTERED AGENT		
	orkia street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name;	Jose D. Rivera		
Address:	9725 NW 117th Ave, #10	05	
	Miami, FL 33178		
			
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Jose D. Rivera		
Address:	9725 NW 117th Ave, #1	05	
•	Miami, FL 33178		
	EFFECTIVE DATE: May. 11	(OPTIONAL)	•
(If an effective da	ate is listed, the dute must be specific an	d cannot be more than five days prior or 90 da	ys after the filing.)
		•	
	inserted in this block does not meet the ap- ive date on the Department of State's reco	plicable statutory filing requirements, this date wi	Il not be listed as the
Having been nan	ned as registered agent to accept service	of process for the above stated corporation at the	e place designated in this
certificate, I am fo	amiliar with and accept the appointment a	s registered agent and agree to act in this capacity	
	()24	4-	11-2018
	Required Signature of Registered	Agent	Date
I submit this docu	ment and affirm that the facts stated here t of State constitutes a third degree-felony	in are true. I am aware that any false information	submitted in a document
w me Deparmien	oj mule constitues a intra degret jelony	us province for in \$.817.155, P.S.	
	Page and Simon of Simon	4-	11-2018
	Required Signature of Incor	poratut	Date