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(Document Number)

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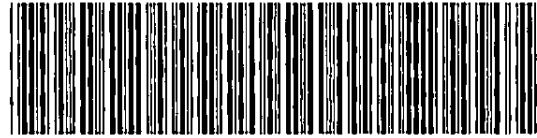
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C. SCOTT



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ALLIANCE STATE FIDELITY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2018

KENNETH J. JONES
610 CLOISTERBANE DRIVE
SAINT JOHNS, FL 32259

SUBJECT: KENKAI FOUNDATION
Ref. Number: W18000078625

We have received your document for KENKAI FOUNDATION and your check(s) totaling \$70.00. 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.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 818A00018068

COVER LETTER

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

SUBJECT: KENKAI Foundation, Inc. *10.23.2018*
(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: Kenneth J. Jones
Name (Printed or typed)

610 Cloisterbane Drive
Address

Saint Johns, FL 32259
City, State & Zip

904-742-7209
Daytime Telephone number

kenneth.jones02@yahoo.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: KENKAI Foundation, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
610 Cloisterbane Drive

Saint Johns, FL 32259

Mailing address, if different is:
13720 Old St. Augustine, Road

Suite 8-262

Jacksonville, Florida 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To raise social awareness for those in need of finding their purpose in life and if necessary give participants the opportunity to achieve a second chance at their purpose. The Foundation is organized for social, charitable, and educational purposes under the guidelines set forth in 501(c)(3) of the Internal Revenue Code, 1986, or the corresponding provision of any future Federal Law(s). At the Foundation we believe every life has a purpose. We would like to assist people in achieving their purpose through structured instructional and exploratory programs.

Programs such as but not limited to the following: (a) Assisting 1st Time Offenders with career choice options. (b) Basic life skills - house-hold budgeting & personal finance. (c) Educational services & awareness relating to life choices (teen pregnancy/drug prevention, making sound and rationale life choices.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors will be appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth J. Jones, II - President

Name and Title: Shirelle Dover-Jones - Secretary/Tres.

Address: 610 Cloisterbane Drive
Saint Johns, FL 32259

Address: 610 Cloisterbane Drive
Saint Johns, FL 32259

Name and Title: Rodney Blunt - Director Board

Name and Title: _____

Address: 525 Saddlestone Drive
Saint Johns, FL 32259

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2018 OCT 26 PM 5:08
JULIA HASSLER

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: Kenneth J. Jones
Address: 610 Cloisterbane Drive
Saint Johns, FL 32259

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kenneth J. Jones
Address: 610 Cloisterbane Drive
Saint Johns, FL 32259

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 1, 2019 (OPTIONAL) 10.23.2018
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Required Signature of Registered Agent

8-15-2018
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.

Required Signature of Incorporator

8-15-2018
Date