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APR 02 2019

W19-21657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2019

VINCENT WILLIAMS
3626 SW MASILUNASS ST.
PORT ST. LUCIE, FL 35953

SUBJECT: KMOV SAFETY NET, INC.
Ref. Number: W19000021657

We have received your document for KMOV SAFETY NET, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 219A00004591

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COVER LETTER

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

SUBJECT: kmvj safety net 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: Vincent Williams

Name (Printed or typed)

3626 SW Masilunass St.

Address

port st. lucie, Fl. 35953

City, State & Zip

786 256 5268

Daytime Telephone number

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: KMVJ SAFETY NET, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3626 SW Masilunas St.
Port St. Lucie, Fl. 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business with the specific
purpose of providing shelter to women who
are suffering from Domestic Abuse. The corporation
is intended to engage in charitable activities.
In the event of dissolution all assets will go
to another 501(c)(3) non profit according to
Federal Law and the laws of Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: vincent williams Pres Name and Title: _____

Address: 3626 SW Massilunas St. Address: _____
Port St. Lucie Flk. 34953

Name and Title: Gayle Whiley V.P. Name and Title: _____

Address: 3519 SW Masilunas St. Address: _____
Port St. Lucie, Fl. 34953

Name and Title: Monique Regis Name and Title: _____

Address: 18701 NW 8th Ct. Address: _____
Miami Gardens, Fl 33169

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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: Vincent Williams
Address: 3626 sw masilunas st.
port st. lucie, fl. 34953

ARTICLE VII INCORPORATOR

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

Name: Vincent D. Williams
Address: 3626 SW Masilunas St.
Port St. Lucie, Fl. 34953

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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

[Signature]
Required Signature of Registered Agent

feb. 25, 2019
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.

[Signature]
Required Signature of Incorporator

feb. 25, 2019
Date