

# N19000008924

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION KENDRICK NORTON ANGELS INITIATIVE, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Kendrick Norton Angels Initiative, INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address:

6 Mack Circle  
Monticello, FL 32344

Mailing address, if different is:

8976 S.W. 213 Street  
Cutler Bay, FL 33189

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: see attached

FILED  
2019 AUG 28 PM 4:03  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by the laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kendrick Norton President/VP/S/T  
Name and Title: \_\_\_\_\_

Address: 8976 S.W. 213 St. Address: \_\_\_\_\_  
Cutler Bay, FL 33189

Name and Title: Shakir Williams - DIRECTOR  
Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: Annette GASKINS - DIRECTOR  
Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Kendrick Norton  
 Address: 8976 S.W. 213 St.  
Cutler Bay, FL 33189

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kendrick Norton  
 Address: 8976 S.W. 213 St.  
Cutler Bay, FL 33189

*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

8/26/19  
 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

8/26/19  
 Date

FILED  
 2019 AUG 28 PM 2:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 323

The purpose of this corporation is exclusively for charitable and educational purposes, including for such purposes as making of distributions to organizations that qualify as exempt organizations under section 501 ( c ) ( 3 ) of the internal revenue code, or the corresponding section of any future federal tax code and herein stated as follows:

Help children, post limb amputation, adapt to their new environment, their new life Host blood drives and educate minorities in the need for blood donations in their communities.

The character and essence of the corporation is the same as the purpose.

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2019 AUG 28 PM 2:03

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