

NA0000012022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

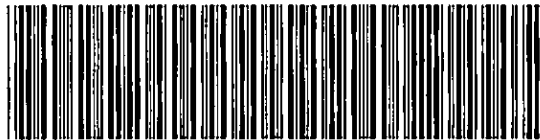
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COVER LETTER

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

SUBJECT: LKS Jumpstart To Success Foundation, **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: Craig Smith

Name (Printed or typed)

710 Pine Grove Road

Address

Wappingers Falls, New York 12590

City, State & Zip

845-477-1104

Daytime Telephone number

cssmith1@icloud.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 LKS Jumpstart To Success Foundation, **INC.**
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
2452 S. Harry T Moore Ave., Mims, FL 32754	_____
_____	_____
_____	_____

ARTICLE III PURPOSE to promote and foster scholarships in remembrance of
The purpose for which the corporation is organized is: _____
LaWanda Karena Smith who served the Mims, Florida community to help educate children without financial
resources in the Brevard County in the State of Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____ Annual Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig S. Smith, President	Name and Title: Charlie O. Smith, Vice-President
Address: 710 Pine Grove Road	Address: 2452 S. Harry T. Moore Ave.
Wappingers Falls, NY 12590	Mims, FL 32754
_____	_____
Name and Title: Ursula Smith-Perry, Treasurer	Name and Title: _____
Address: 1802 Powder Ridge Drive	Address: _____
Valrico, FL 33594	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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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: Ursula Smith-Perry _____

Address: 1802 Powder Ridge Road Drive _____

Valrico, FL 33594 _____

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TALLAHASSEE

ARTICLE VII INCORPORATOR

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

Name: Craig Smith _____

Address: 710 Pine Grove Road _____

Wappingers Falls, NY 12590 _____

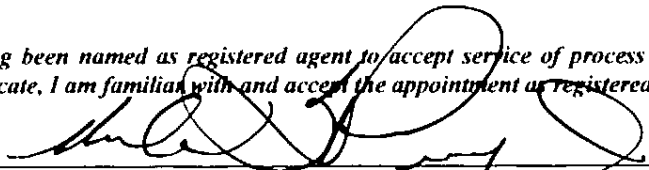
ARTICLE VIII EFFECTIVE DATE:

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

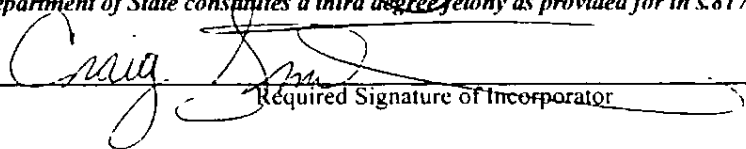


Required Signature of Registered Agent

09/17/2020

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

09/17/2020

Date