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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/11/2021	
	David Shulman	
	#:1324075_	
		INGDOM FOUNDATION INCORPORATED
☑ Artic	cles of Incorporation/Auth	orization to Transact Business
☐ Ame	endment	
☐ Cha	nge of Agent	
Reir	nstatement	***PLEASE RETAIN ORIGINAL SUBMISSION DATE OF 2/5/21**
☐ Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	tious Name	
✓ Other	er	CERTIFIED COPY UPON FILING
Authorized Signature:	Amount \$78.	75

F: 800.944.6607



February 8, 2021

COGENCYGLOBAL

SUBJECT: THE CHILDREN'S KINGDOM FOUNDATION INCORPORATED

Ref. Number: W21000015024

We have received your document for THE CHILDREN'S KINGDOM FOUNDATION INCORPORATED and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Verify the your account sheet only 78.75 for filing with certified copy.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 621A00002769

In compliance with Chapter 617, F.S., (Not for Profit)

FILED

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ARTICLES OF INCORPORATION

A R	TICI	FI	NAME

The name of the corporation shall be: _____THE CHILDREN'S KINGDOM FOUNDATION INC.

ARTICLE II	PRINCIPAL OFFICE	TALLAHASSEE, FL
	Principal street address:	Mailing address, if different is:
13300-	-56 S. Cleveland Avenue	
Suite I	46	
Fort M	lyers, Florida 33907	
ARTICLE III	PURPOSE fun	d raising and distribution for human services (NTEE Code P12), and
The purpose for	which the corporation is organized is:	d raising and distribution for human services (NTEE Code P12), and
		nternal Revenue Code. The Corporation shall not engage, otherwise than
as an insubstant	tial part of its activities, in activities that in	themselves are not in furtherance of one or more Section 501(c)(3)
exempt purpose	es. Upon dissolution, the Corporation's ren	naining assets will be used exclusively for Section 501(c)(3) exempt
purposes, or tra	nsferred to an organization exempt from ta	x under Section 501(c)(3).
A DELICIT COLUMN	MANIER OF FLECTION Th.	er in which the directors are elected and appointed: as stated in Bylaws
<u>ARTICLE IV</u>	MAINNER OF ELECTION I he manne	er in which the directors are elected and appointed.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>'ORS</u>
	Camila Kendra, President and Director	
Name and Title		Name and Title:
Address	13300-56 S. Cleveland Avenue	Address:
	Suite 146	
	Fort Myers, Florida 33907	
Name and Title	Stanley Kendra, Director	Name and Title:
Address	13300-56 S. Cleveland Avenue	Address:
	Suite 146	
	Fort Myers, Florida 33907	-
Name and Title	Cesarina Kendra, Director	Name and Title:
Address	13300-56 S. Cleveland Avenue	Address:
	Suite 146	
	Fort Myers, Florida 33907	

Name and Title:		Name and Title:			
Address _		Address:			
Name and Title:		Name and Title:			
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acce	ptable) of the registered agent is:	S		
Name:	Registered Agents Inc.	<u> </u>	וה.	2021 FEB	
Address:	7901 4th St N STE 300		ETA LAH	£8	4 100
	St. Petersburg FL 33702		HASS PY (-S	
	INCORPORATOR Idress of the Incorporator is:		CRETARY OF STAT TALLAHASSEE, FL	AM 6: 53	
Name:	Clifford R. Ennico		щ	<i>\(\sigma \)</i>	
Address:	2490 Black Rock Tumpike # 354				
	Fairfield, Connecticut 06825-2400				
Effective date, if (If an effective of	date is listed, the date must be specific a	(OPTIONAL) nd cannot be more than five days prior or 90 d			
	e inserted in this block does not meet the a ctive date on the Department of State's rec	pplicable statutory filing requirements, this date words.	vill not be listed	d as the	
	familiar with and accept the appointment a	of process for the above stated corporation at th s registered agent and agree to act in this capacity		ated in	this
	Bill Han	e 01/22/20)21		
Required Signature of Registered Agent		Agent	Date		
	ument and affirm that the facts stated here of State constitutes a third degree felony as	in are true. I am aware that any false information . provided for in s.817.155, F.S.	submitted in a	docume	nt to
Required Signature of Incorporator		01/25/20			
	Required Signature of Incom	portior	Date		