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COVER LETTER

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

SUBJECT:	THE KINTSUGI FOUNDATION, INC.			
30101261.	(PROPOSED CORP	ORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed is an original a	and one (1) copy of the Ar	ticles 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:

CATHERINE E. SHOCKEY

Name (Printed or typed)

1945 MANOR WAY

Address

DELAND, FL 32720

City, State & Zip

305-338-1206

Daytime Telephone number

KSHOCKEY@THEKINTSUGLORG

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		$\mathcal{F}_{\mathcal{F}}$	
	e corporation shall be: THE KINTSUGI FO	DUNDATION, INC.	2021 5-	,
<u>ARTICLE II</u>	PRINCIPAL OFFICE		2021 F - 5 A; Mailing address, if different is:	/2. 2 -
	Principal street address:		Mailing address, if different is:	' ' <i>U</i> ष्ठ
<u>1945 N</u>	JANOR WAY, DELAND, Ft. 32720			
ARTICLE III	PURPOSE			
The purpose for such purposes, costuming.	r which the corporation is organized is: ex to stimulate art in communities by supp	sclusively for charital porting emerging artis	de, educational, and scientific purposts in categories of art, fashion, des	oses, including, for sign, and theatrical
or other private rendered and to the activities of corporation sha on behalf of c corporation sha	net earnings of the corporation shall into persons, except that the corporation shall make payments and distributions in further of the corporation shall be the carrying of all not participate in, or intervene in (inchor in opposition to any candidate for pall not, except to an insubstantial degree, this corporation.	I be authorized and enerance of the purposes not propaganda, or olding the publishing ublic office. Notwith	apowered to pay reasonable comperset forth in Article Third hereof. No otherwise attempting to influence I or distribution of statements) any standing any other provision of the	nsation for services o substantial part of egislation, and the political campaign these articles, this
section 501(c)(distributed to the shall be dispose is then locate	olution of the corporation, assets shall 3) of the Internal Revenue Code, or he federal government, or to a state or lo ed of by a Court of Competent Jurisdic d, exclusively for such purposes or to and operated exclusively for such purposes	the corresponding secal government, for a ction of the county such organization of	ction of any future federal tax public purpose. Any such assets in which the principal office of	code, or shall be not so disposed of of the corporation
ARTICLE IV	MANNER OF ELECTION The mann	ner in which the directo	ors are elected and appointed: as state	ed by the Bylaws.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>TORS</u>		
Name and Title	CATHERINE E. SHOCKEY, PRESIDI	ENT Name and Title:		
Address	1945 MANOR WAY	Address:		
	DELAND, FL 32720			
				,
Name and Title	e:			
Address				

Name and Title:	<u> </u>	Name and Title:	
. Address		Address:	
_			
Name and Title:_		Name and Title:	
Address		Address:	
_			
	REGISTERED AGENT	contribute of the majetared mant i	٥٠
the name and Flo	orida street address (P.O. Box NOT acc	reptable) of the registered agent i	5.
Name:	CATHERINE E. SHOCKEY	<u>.</u>	
Address:	1945 MANOR DRIVE		
	DELAND, FL 32720		
	INCORPORATOR dress of the Incorporator is:		
Name:	CATHERINE E. SHOCKEY		
Address:	1945 MANOR WAY		
	DELAND, FL 32720		
	EFFECTIVE DATE:		
Effective date, if c	other than the date of filing:ate is listed, the date must be specific	(OPTI and cannot be more than five	ONAL) days prior or 90 days after the filing.)
Note: If the date		applicable statutory filing requ	irements, this date will not be listed as the
Having been nam certificate, I am fa	ned as registered agent to accept servic nmiliar with and accept the appointment	e of process for the above stat as registered agent and agree to	, I
	The	_	222021
(CATHERINE E.	SHOCKEY) Required Signature	of Registered Agent	Date
I submit this document of	ment and affirm that the facts stated her State constitutes a third degree felony o	rein are true. I am aware that an as provided for in s.817.155, F.S	y false information submitted in a document to
	A A		2/2/2021
(CATHERINE E.	SHOCKEY) Required Signature	of Incorporator	Date