

N21000006856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

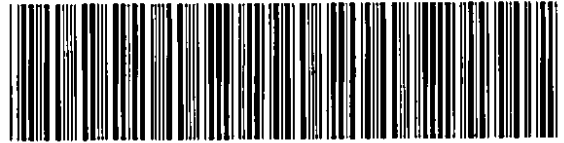
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## COVER LETTER

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

SUBJECT: Midway Community Improvement Organizatio 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: Charles Willis II  
Name (Printed or typed)

53 B Forest Dr.  
Address

Midway Fla. 32343  
City, State & Zip

(850) 933-9253  
Daytime Telephone number

Chuck1961w@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

6/8/21  
I will not restate doc #  
N19000010763 I wish file new  
Entity use same name

Chris

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

The  
Organizatio

**ARTICLE I NAME**

The name of the corporation shall be: Midway Community Improvement

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

53 B Forest Dr  
Midway Fla  
32343

Mailing address, if different is:

P.O. Box 901  
Midway Fla  
32343

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Do 4 July fireworks events for kids  
Give out Hams and Turkeys for Thanksgiving, Do back sch  
supplies Also after school programs for kids  
in community. Pay utilities for low income  
family.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

by laws

Appointed

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

Name and Title:

Charles Kilis Jr

Address:

53-B Forest Dr  
Midway Fla  
32343

Name and Title:

Jondria Kilis

Address:

53-B Forest Dr  
Midway Fla  
32343

Name and Title:

Quiana Kilis

Address:

53-B Forest Dr  
Midway Fla  
32343

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

FILED

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: Charles Willis II

Address: 53-B Forest Dr  
Midway Fla 32343

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles Willis II

Address: 53-B Forest Dr  
Midway Fla 32343

**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

Charles Willis II

Required Signature of Registered Agent

6/8/21  
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.

Charles Willis II

Required Signature of Incorporator

6/8/21  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL

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