

N 22 0000000302

(Requestor's Name)\*

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

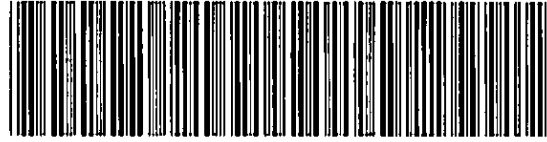
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

11/2/21

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/4/2021

**\*\*WALK IN\*\***

ENTITY NAME KINDNESS IN A DIVERSE SOCIETY INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
XXXXXXXXXX  
\_\_\_\_\_  
XXXXXXXXXXXX  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*  
*Certificate of Status*  
*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 87.50

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2021

SUNSHINE STATE

RECEIVED  
Please Allow For  
Same File Date

SUBJECT: KINDESS IN A DIVERSE SOCIETY INC.  
Ref. Number: W21000161632

We have received your document for KINDESS IN A DIVERSE SOCIETY INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The document must have original signatures.

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: 421A00031203

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: KINDNESS IN A DIVERSE SOCIETY INC.

2021 DEC 27 AM 11: 39

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
258 CROSS RIDGE DR.

SECRETARY OF STATE  
Mailing address, if different is: ALLAHASSEE, FL

PONTE VEDRA

FL 32081

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE PURPOSE OF THE ORGANIZATION IS TO HELP UNDERPROVIDED CHILDREN SUCCEED. TO FEED THEM AND RAISE FUNDS FOR ABUSED CHILDREN. THE MISSION IS TO MAKE A POSITIVE IMPACT ON THE LIFE OF CHILDREN AND THEM.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: PER THE BYLAWS

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

Name and Title: AASHNA SHAH/PRESIDENT

Address: 258 CROSS RIDGE DR  
PONTE VEDRA  
FL 32081

Name and Title: Anika Rawal/SECRETARY

Address: 12328 Glen Kernan Parkway  
North Jacksonville, FL 32224

Name and Title: Simran Dubey/PUBLIC RELATIONS

Address: 10480 Creston Glen Circle East  
Jacksonville, FL 32256

Name and Title: \_\_\_\_\_

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

Name and Title: Anika Kapil/ TREASURER

Address: 112 N Atherley Rd.  
St. Augustine, FL 32092

Name and Title: \_\_\_\_\_

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: ANUSHREE SHAH  
 Address: 258 CROSS RIDGE DR  
PONTE VEDRA FL 32081

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SANGEETA SARRAF CPA  
 Address: 1649 JEFFERSON RD  
ROCHESTER, NY 14623

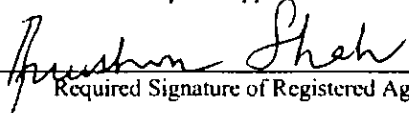
**ARTICLE VIII EFFECTIVE DATE:**

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

12/17/2021  
 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

12/17/2021  
 Date

2021 DEC 27 AM 11:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED