

N22000 004084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

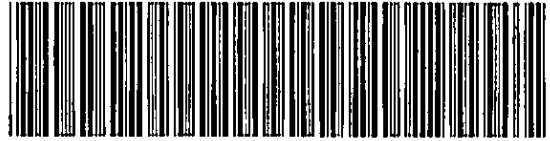
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: KERNS CARES 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: LOVETTE DOBSON

Name (Printed or typed)

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City, State & Zip

888-462-3453

Daytime Telephone number

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: KERNS CARES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

17387 SEA BLOSSOM WAY

BOCA RATON, FLORIDA 33496

PALM BEACH

Mailing address, if different is:

17387 SEA BLOSSOM WAY.

BOCA RATON, FLORIDA 33496

PALM BEACH

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Kerns cares will give back to those in need. 1. To help low income children & families that have been affected by a home without a father, suppression or other issues we have in the world today. 2. We will achieve this by raising capital from our extensive business network. We will host events, dinners & other fundraisers to achieve the goals set.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cody Kerns (DIRECTOR)

Address: 17387 Sea Blossom Way.

Boca Raton FL 33496

Name and Title: Olivia Rose (DIRECTOR)

Address: 17387 Sea Blossom Way.

Boca Raton FL 33496

Name and Title: Lynn Luzinski (DIRECTOR)

Address: 4458 Sw Athena Dr.

Port St Lucie FL 34953

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE

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: CODY KERNS

Address: 17387 SEA BLOSSOM WAY

BOCA RATON 33496

ARTICLE VII INCORPORATOR

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

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

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

Cody Kerns

Required Signature of Registered Agent

03/31/2022

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.

Lovette Dobson

Required Signature of Incorporator

03/31/2022

Date

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TALLAHASSEE, FLORIDA