

N220000006393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

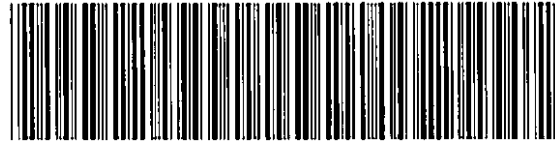
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

CLERK OF COURT
TALLAHASSEE, FLORIDA



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

Account#: 120000000088

Date: 06/09/2022

Name: Jennifer Bialowas

Reference #: 1706416

Entity Name: THE BLAKE KIVEN FAMILY FOUNDATION, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Upon filing please provide a certified copy

Authorized Amount: 78.75

Signature: [Signature]

COVER LETTER

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

SUBJECT: The Blake Kiven Family Foundation, 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: Mary Miles

Name (Printed or typed)

300 S. Wacker, Ste. 500

Address

Chicago, IL 60606

City, State & Zip

312.924.4263

Daytime Telephone number

mmiles@lawrencekaminlaw.com

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)

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**SECRETARY OF STATE
TALLAHASSEE, FL**

ARTICLE I NAME

The name of the corporation shall be: The Blake Kiven Family Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8787 Bay Colony Drive

#505

Naples, FL 34108

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable, religious, literary and educational purposes as set forth in Section 501(c)(3) of the Internal Revenue Code including, for such purposes, the making of distributions to such organizations that qualify as exempt organizations under Section 501(c)(3) of such Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors shall be elected annually by the Board of Directors at the regular meeting of the Board of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Kiven, President & Treasurer

Address

8787 Bay Colony Drive

#505

Naples, FL 34108

Name and Title: Mitchell Kiven, Vice President

Address:

5057 N. Ashland Avenue

Unit 2

Chicago, IL 60640

Name and Title: Shai Kiven, Secretary

Address

1749 N. Wells St.

Apt. 604

Chicago, IL 60614

Name and Title: _____

Address: _____

Name and Title: _____

Address

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: Cogency Global Inc.
Address: 115 N Calhoun St., #4
Tallahassee, FL 32301

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary E. Miles
Address: 300 S. Wacker, Suite 500
Chicago, IL 60606

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.)

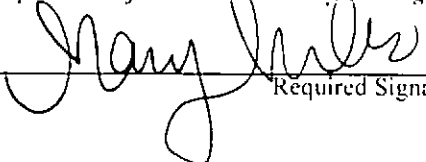
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/8/22
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

6/7/22
Date