

N22000008980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

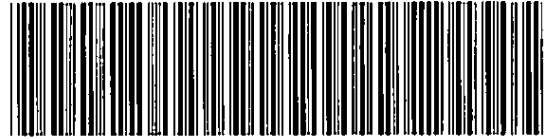
(Business Entity Name)

(Document Number)

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

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2022 AUG -5 PM 4:35  
CLERK OF DISTRICT COURT  
STATE OF MONTANA

## COVER LETTER

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

SUBJECT: JUST For The Kids of Florida, Inc  
~~Trashhaulets of Florida~~  
(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: William Brown  
Name (Printed or typed)

712 Glass St  
Address

live oak, FL 32064  
City, State & Zip

337-435-4566  
Daytime Telephone number

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**

The name of the corporation shall be: JUST For The Kids of Florida, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

712 Glass St

live oak, Fl 32064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To improve quality of life for kids  
all over Florida

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: as stated in by laws.

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

Name and Title: William Brown Jr <sup>OFFICER</sup> Name and Title: \_\_\_\_\_

Address: 712 Glass St Address: \_\_\_\_\_  
live oak, Fl, 32064

Name and Title: Darrell Hills <sup>OFFICER</sup> Name and Title: \_\_\_\_\_

Address: 712 Glass St Address: \_\_\_\_\_  
live oak, Fl 32064

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

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

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STATE OF FLORIDA

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: William Brown JR

Address: 712 Glass St

Live oak, Florida 32064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Brown JR

Address: 712 Glass St

Live oak, Florida 32064

**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

William Brown JR  
Required Signature of Registered Agent

8-5-2022  
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.

William Brown JR  
Required Signature of Incorporator

8-5-2022  
Date

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DEPT. OF STATE

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