

N22000012961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

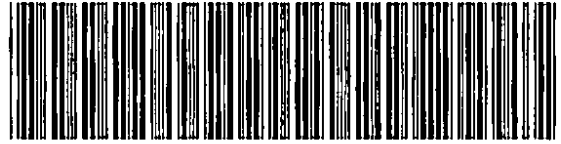
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SECURITY & STATE  
TALLAHASSEE, FL 32301

## COVER LETTER

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

Kushae Cares Inc

**SUBJECT:** \_\_\_\_\_  
(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**

Nestha Alcime

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

6026 Kalamazoo Ave #107

\_\_\_\_\_  
Address

Kentwood, MI 49508

\_\_\_\_\_  
City, State & Zip

(303) 306-4669

\_\_\_\_\_  
Daytime Telephone number

specialist@instantnonprofit.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)

**ARTICLE I NAME**

The name of the corporation shall be: Kushae Cares Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2611 MERCER AVE UNIT 4

WEST PALM BEACH FL 33401

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Kushae Cares is a mission-driven organization that provides  
women with access to education, support, and resources centered around feminine health  
and hygiene, globally.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Provided in bylaws

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

Name and Title: Kimba Williams, President

Address: 2611 MERCER AVE UNIT 4  
WEST PALM BEACH FL 33401

Name and Title: Kimba Williams, Director

Address: 2611 MERCER AVE UNIT 4  
WEST PALM BEACH FL 33401

Name and Title: Barbara McLaren, Treasurer

Address: 2611 MERCER AVE UNIT 4  
WEST PALM BEACH FL 33401

Name and Title: Barbara McLaren, Director

Address: 2611 MERCER AVE UNIT 4  
WEST PALM BEACH FL 33401

Name and Title: Tieron Spear, Secretary

Address: 2611 MERCER AVE UNIT 4  
WEST PALM BEACH FL 33401

Name and Title: Tieron Spear, Director

Address: 2611 MERCER AVE UNIT 4  
WEST PALM BEACH FL 33401

2022 NOV 8 PM 12:32  
CLERK OF DISTRICT COURT  
ALFRED S. S. L. 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: Kimba Williams

Address: 2611 MERCER AVE UNIT 4

WEST PALM BEACH FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimba Williams

Address: 2611 MERCER AVE UNIT 4

WEST PALM BEACH FL 33401

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TALLAHASSEE, FLORIDA

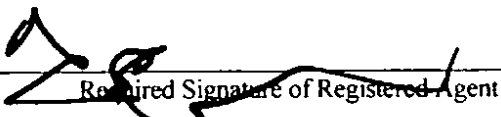
**ARTICLE VIII EFFECTIVE DATE:**

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.

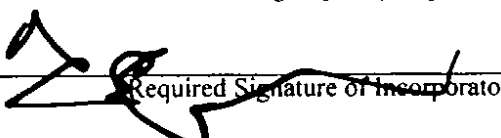
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

11 / 02 / 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.*

  
Required Signature of Incorporator

11 / 02 / 2022

Date

## Kushae Cares, a Nonprofit Corporation

### Purpose and Dissolution Clause as required by IRS:

#### Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

#### Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*

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