

N2300001087

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION cc4kids Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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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: cc4kids Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: (also see attached form)

The purpose of this foundation is to have a community center for kids were they can

have access to art, music or sports clases completly free of cost for the parents

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: edenia consuegra, President Name and Title: _____

Address 7901 4th St N STE 300 Address: _____

St. Petersburg, FL 33702 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Registered Agents Inc

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin Jones

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

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

David Roberts

Required Signature of Registered Agent

01/31/23

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.

Robin Jones

Required Signature of Incorporator

01/31/23

Date

