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Florida Department of State  
Division of Corporations  
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H240003049813ABC\*

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

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FLORIDA PROFIT/NON PROFIT CORPORATION  
No profit organization Kevin Magnolia Corporation-57

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL

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### COVER LETTER

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

**SUBJECT:** No profit organization Kevin Magnolia Corporation  
(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:** Erik Treutlein, Legalzoom.com, Inc.  
Name (Printed or typed)  
9900 Spectrum Drive  
Address  
Austin, TX 78717  
City, State & Zip  
323 962-8600 ext. 9724  
Daytime Telephone number  
ramanagement@legalzoom.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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SEC. OF STATE  
TALLAHASSEE, FL

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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: No profit organization Kevin Magnolia Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>7400 Stirling Rd Apt 1514,</u>	<u></u>
<u>Hollywood, FL 33024</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To help people who lost their family in the war, by offering resources, counseling, and a supportive community. The aim is to create a compassionate network that provides hope and healing amidst their grief.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The method by which the directors of the corporation are elected or appointed will be stated in the bylaws.

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

Name and Title: <u>Kevin Magnolia (P, D)</u>	Name and Title: <u>Cecilia Duarte (T, D)</u>
Address: <u>7400 Stirling Rd Apt 1514</u>	Address: <u>7400 Stirling Rd Apt 1514</u>
<u>Hollywood, FL 33024</u>	<u>Hollywood, FL 33024</u>
<u></u>	<u></u>
Name and Title: <u>Joycelyn Bargman (S,D)</u>	Name and Title: <u></u>
Address: <u>253 Ashmore Ave</u>	Address: <u></u>
<u>Trenton, NJ 08611</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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 FL

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: United States Corporation Agents, Inc.

Address: 476 Riverside Ave.

Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cecilia Duarte

Address: 7400 Stirling Rd

Hollywood, FL 33024

**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*

*Erik Treutlein*

Required Signature of Registered Agent

09/07/2024

Date

Erik Treutlein, United States Corporation Agents, Inc.

*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.*

*Cecilia Duarte*

Required Signature of Incorporator

08/16/24

Date

Cecilia Duarte

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 TALLAHASSEE, FL  
**FILED**