

N25000010588

500461544695

November 5, 2025

Florida Department of State, Division of Corporations
Attn.: Director's Office
P.O. Box 6327
Tallahassee, Florida 32314

Subject: **Unauthorized Use of My Name – Bold City Cares Foundation Inc.**
(Document No. N25000010588)

Dear Florida Division of Corporations, Director's Office:

My name is **Kevin Carrico**, and I am writing to formally attest that my name was **used without my knowledge or consent** in the filing of a Florida not-for-profit corporation titled **Bold City Cares Foundation Inc.**, document number **N25000010588**, filed on **August 20, 2025**, and voluntarily dissolved on **August 27, 2025**.

I was unauthorizedly listed as a **Director** on this filing but had **no participation, authorization, or involvement** in its creation, management, or dissolution. I did not sign or approve any related documents and became aware of this matter only after the filing was made public.

I respectfully request that this clarification be added to the public record to reflect that my name was **used without authorization** and that I was **not involved** in this entity in any capacity. If a formal affidavit or written statement is required to complete this correction, please advise, and I will provide it immediately.

Attached are the relevant documents from the Sunbiz filing for your reference:

- Articles of Incorporation (filed 08/20/2025)
- Articles of Dissolution (filed 08/27/2025)

Additionally, as requested in the October 29, 2025 email to me from Arcedra Johnson, Regulatory Specialist III, I have also attached my latest employment pay stub to verify proof of my identity.

Thank you for your attention to this matter. Please confirm receipt of this email and advise on the next steps required to ensure the record is corrected.

Sincerely,



Kevin Carrico
Jacksonville, Florida

STATE OF FLORIDA
COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared Kevin Carrico, in his individual capacity, being first duly sworn, deposes and says that the information contained in the foregoing letter is true and correct to the best of his knowledge. He is personally known to me/ produced I.D. No. _____ . He did take an oath.

Sworn to and subscribed before me this 5th day of November 2025.



AMBER MARIA LEHMAN
Notary Public
State of Florida
Comm# HH387473
Expires 4/18/2027



Notary Public, State of Florida