

P11000064168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

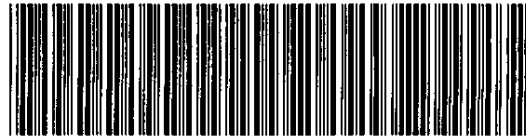
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
7/18

COVER LETTER

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

SUBJECT: KIDS IN MOTION ACADEMY OF THE ARTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: ANNETTE ANDERSON
Name (Printed or typed)

P.O. BOX 1522
Address

IMMOKALEE, FLORIDA 34143
City, State & Zip

239-657-1509
Daytime Telephone number

ADANDERSON59@YAHOO.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 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

KIDS IN MOTION ACADEMY OF THE ARTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
517 STOKES AVENUE
IMMOKALEE, FL 34142

Mailing address, if different is:

P.O. BOX 1522
IMMOKALEE, FLORIDA 34143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation. Specifically, Kids in Motion Academy of the Arts shall be a center that provides quality child care and child educational services away from children's home.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANNETTE ANDERSON, P.TRE. S	Name and Title: _____
Address: P.O. BOX 1522	Address: _____
IMMOKALEE, FLORIDA 34143	_____
_____	_____

Name and Title: DAVID ANDERSON, VP	Name and Title: _____
Address: P.O. BOX 1522	Address: _____
IMMOKALEE, FLORIDA 34143	_____
_____	_____

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:

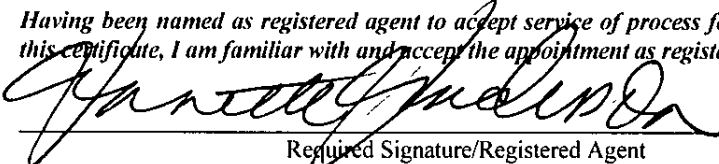
Name: ANNETTE ANDERSON
Address: 517 STOKES AVENUE
IMMOKALEE, FLORIDA 34142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

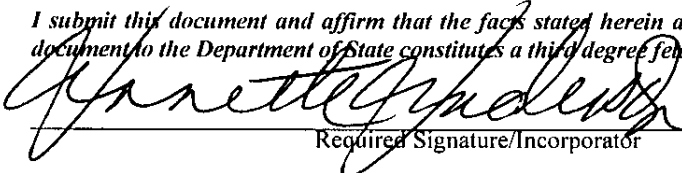
Name: ANNETTE ANDERSON
Address: P.O. BOX 1522
IMMOKALEE, FLORIDA 34143

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/Registered Agent

7/11/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

7/11/2011
Date