P11000098863

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Ci	ty/State/Zip/Phone		
(Cil	iy/State/Zip/Fitone	5 #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
·			
	Office Use Onl	lv	



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T. Burch NOV 1 6 2011 . . .

COVER LETTER

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

_{SUBJECT:} Kids Wealth Institute, Ir	nc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Abel Pena Name	(Printed or typed)
11812 NW 2 CT	Address
Coral Springs, Fl, 33071	
954-254-5185 Daytime To	elephone number
Kidswealthinstitute@gma	ail.com

NOTE: Please provide the original and one copy of the articles.



RECEIVED

11 NOV 14 PM 2: 23

FLORIDA DEPARTMENT OF STATE Division of Corporations OF STATE NUISIEN OF CORPORATIONS

October 31, 2011

ABEL PENA 11812 NW 2 CT CORAL SPRINGS, FL 33071

SUBJECT: KIDS WEALTH INSTITUTE, INC

Ref. Number: W11000055523

We have received your document for KIDS WEALTH INSTITUTE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 111A00024735

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE	N. 71.	11 '6 1'66 '.
	Principal <u>street</u> address 3782 NW 124 Av	Mailing	address, if different is:
	Coral Springs, Fl, 33065		
-			
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	ervices, providing after school prog		
ine riela or p	ersonal finances, entrepreneurship	, business etnics and r	natn.
		•	
ARTICLE IV	SHARES	Llaveral	SS - F
he number of sha	SHARES ares of stock is: 1,000 - One-	Thousand	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors	
	itle: Abel Pena, CEO & Founder		•
Address:	11812 NW 2 CT	Address:	2 2 L
	Coral Springs, FL, 33071		
	·		
	itle:	Name and Title:	
Address:		Address:	
			1 40 1 40
	îtle:		
Address.			
PTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Abel Pena		
	11812 NW 2 CT		
	Coral Springs, FL, 33071		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Abel Pena		
Address:	11812 NW 2 CT Coral Springs, FL, 33071		