

713000046895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

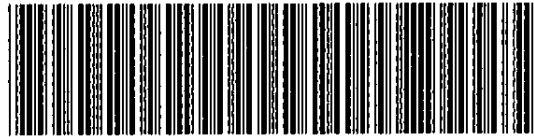
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/28/13--01031--015 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 29 AM 11:56

FILED

J. Shivers MAY 30 2013

I sent this in yesterday  
and forgot to endorse  
the check. sorry

COVER LETTER

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

*Jay*

SUBJECT: CS4Kids 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: Jerry Lower

Name (Printed or typed)

2 Harbour Drive North

Address

Ocean Ridge FL 33435

City, State & Zip

561-313-9195

Daytime Telephone number

publisher@thecoastalstar.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)

**ARTICLE I NAME**

The name of the corporation shall be: CS4Kids Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2 Harbour Drive North  
Ocean Ridge FL 33435

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Publish books and market related merchandise

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Mary Kate Leming - President

Address: 2 Harbour Drive North  
Ocean Ridge FL 33435  
90 shares

Name and Title: Jerry Lower - Vice President

Address: 2 harbour Drive North  
Ocean Ridge FL 33435  
10 Shares

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 29 AM 11:56

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(cont.)

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: Jerry Lower  
Address: 2 Harbour Drive North  
Ocean Ridge FL 33435

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mary Kate Leming  
Address: 2 Harbour Drive North  
Ocean Ridge FL 33435

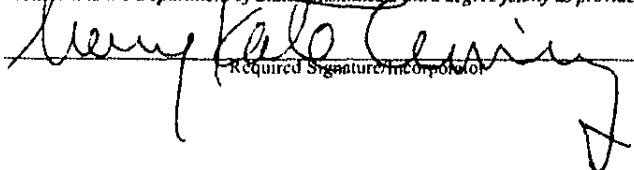
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/22/2013

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

05/22/2013

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 29 AM 11:56

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