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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KRS CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

60722

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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H13000225153

COVER LETTER

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

SUBJECT: KRS Care, 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: Nicole S. Dandridge, Esq. Tools For Change
Name (Printed or typed)

180 NW 62nd Street

Address

Miami, FL 33150

City, State & Zip

305.756.0605

Daytime Telephone number

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: KRS Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10810 SW 170 Terrace

Miami, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Smith, President

Name and Title: Terek Maddox, Vice President

Address: 10810 SW 170 Terrace
Miami, FL 33157

Address: 14811 SW 105 Court
Miami, FL 33157

Name and Title: Tisha Duncan, Secretary

Name and Title: Pamela Smith, Treasurer

Address: 17640 NW 73 Ave #202
Miami Lakes, FL 33015

Address: 10810 SW 170 Terrace
Miami, FL 33157

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Kevin Smith
Address: 10810 SW 170 Terrace
Miami, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin Smith
Address: 10810 SW 170 Terrace
Miami, FL 33157

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

10/9/13
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

10/9/13
Date