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COVER LETTER

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

Koach-N-Kidz Youth Inc. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:



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2 \$78.75	\$87.50
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	Status

ing Fee, rtified Copy Certificate of itus ADDITIONAL COPY REQUIRED

FROM: Allen A. Sheffield

Name (Printed or typed)

10825 Key Haven Blvd #504

Address

Jacksonville, FL. 32218

City, State & Zip			
904-631-2551		5 AP	
Daytime Telephone number		xð N	न्द ा —
koachnkidz21@hotmail.com		а Р	
E-mail address: (to be used for future annual report notification)		35	\cup
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NOTE: Please provide the original and one copy of the articles.



Kosch-N-Kidz, Inc.

10825 Key Haven Blvd, Ste. 504 Jacksonville, FL. 32218 (904) 631-2551

November 23, 2014

Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

To whom it may concern:

The purpose of this letter is to advise that Koach-N-Kidz Youth Inc. has no intentions'on re-instating this organization under document P13000093371 and we are releasing the name to be used.

Once the records have been updated, please send us confirmation.

Thank you for your assistance in this matter.

Sincerely,

Illen II. Sheffield

Allen A. Sheffield CEO/President

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"Keeping Kidz and Families Connected for Life"

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

name of the corpo	Tation shall be: Koach-N-Kidz You	th Inc.	<u>FILE</u> D
<u>тіс<i>Le іі – рі</i></u>)825 Кеу Н	Principal <u>street</u> address aven Blvd #504		15 APR 28 PM 3 Mailing address, if different is: AEGRETARY OF STA THE MUSSEE, FLOP
cksonville	, FL. 32218		
TICLE III PU purpose for which	RPOSE the corporation is organized is: Any and	d all lawful	business.
TICLE IV SI	<u>IARES</u> 100		
TICLE IV SI number of shares of	TARES 100		
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR		Wanda Maves-Pres
TICLE V IN Name and Ti	<u>TTIAL OFFICERS AND/OR DIRECTOR</u> tle: Allen A. Sheffield-CEO	Name and Title	Wanda Mayes-Pres
<u>ticle v in</u>	ITIAL OFFICERS AND/OR DIRECTOR		Wanda Mayes-Pres 11852 Lake Bend Cir Jacksonville, FL. 32218
TICLE V IN Name and Ti	ITIAL OFFICERS AND/OR DIRECTOR tle: Allen A. Sheffield-CEO 10825 Key Haven Blvd. #504	Name and Title	11852 Lake Bend Cir
TTCLE V IN Name and Ti Address	Allen A. Sheffield-CEO 10825 Key Haven Blvd. #504 Jacksonville,FL. 32218	Name and Title Address:	11852 Lake Bend Cir Jacksonville, FL. 32218
TICLE V IN Name and Ti Address	Allen A. Sheffield-CEO 10825 Key Haven Blvd. #504 Jacksonville,FL. 32218	Name and Title Address:	11852 Lake Bend Cir Jacksonville, FL. 32218
TICLE V IN Name and Ti Address Name and Tit	Allen A. Sheffield-CEO 10825 Key Haven Blvd. #504 Jacksonville,FL. 32218	Name and Title Address:	11852 Lake Bend Cir Jacksonville, FL. 32218
TTCLE V IN Name and Ti Address Name and Tit	Allen A. Sheffield-CEO 10825 Key Haven Blvd. #504 Jacksonville,FL. 32218	Name and Title Address:	11852 Lake Bend Cir Jacksonville, FL. 32218
TTCLE V IN Name and Ti Address Name and Tit Address	Allen A. Sheffield-CEO 10825 Key Haven Blvd. #504 Jacksonville,FL. 32218	Name and Title Address: Name and Title	11852 Lake Bend Cir Jacksonville, FL. 32218
Name and Ti Address Name and Tit Address	Allen A. Sheffield-CEO 10825 Key Haven Blvd. #504 Jacksonville,FL. 32218	Name and Title Address: Name and Title Address: Name and Title	11852 Lake Bend Cir Jacksonville, FL. 32218

			(conti.)
Name and	d Title:	Name and Title:	
Address		Address:	
TICLE VI name and Fk	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of Allen A. Sheffield	the registered agent is:	
ime:			
	10825 Key Haven Blvd #504		
RTICLE VII	10825 Key Haven Blvd #504 Jacksonville, FL. 32218 INCORPORATOR		
R TICLE VII e <u>name and ad</u>	Jacksonville, FL. 32218		
Name: Address: aving been nam	Jacksonville, FL. 32218 INCORPORATOR Idress of the Incorporator is: Allen A. Sheffield 10825 Key Haven Blvd #504		to act in this capacity
RTICLE VII e name and add Name: Address: wing been name	Jacksonville, FL. 32218 INCORPORATOR Idress of the Incorporator is: Allen A. Sheffield 10825 Key Haven Blvd #504 Jacksonville, FL. 32218 red as registered agent to accept service of process.		
RTICLE VII te name and add Name: Address: aving been name is certificate, I a Multiple automit this docu	Jacksonville, FL. 32218 INCORPORATOR Idress of the Incorporator is: Allen A. Sheffield 10825 Key Haven Blvd #504 Jacksonville, FL. 32218 red as registered agent to accept service of process am familiar with and accept the appointment as region of the incorporator is:	istered agent and agree	to act in this capacity 02/04/15 Date he false information submitted in

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