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FILED  
CLERK OF COURT  
18 APR 23 AM 9:45

FILED  
2018 APR 23 AM 9:51  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** GLOBAL KINGDOM ALLIANCE NETWORK 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: HENRY SIMMONS II  
Name (Printed or typed)  
949 BIRD BAY CT  
Address  
LAKE MARY, FL 32746  
City, State & Zip  
(863) 595-6616  
Daytime Telephone number  
globalconnectionsfl@gmail.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**

GLOBAL KINGDOM ALLIANCE NETWORK INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

949 BIRD BAY CT #205

LAKE MARY, FL 32746

Mailing address, if different is:

PO BOX 16051

TAMPA, FL 33687

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS PURPOSES  
The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TAMPA, FLORIDA

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: HENRY SIMMONS II, DIR

Address 949 BIRD BAY CT #205

LAKE MARY, FL 32746

Name and Title: JOCIE JIVES, DIR

Address: 7410 BECK THATCHER LN

TAMPA, FL 33637

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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: HENRY SIMMONS II \_\_\_\_\_

Address: 949 BIRD BAY CT #205 \_\_\_\_\_

LAKE MARY, FL 32746 \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: HENRY SIMMONS II \_\_\_\_\_

Address: 949 BIRD BAY CT #205 \_\_\_\_\_

LAKE MARY, FL 32746 \_\_\_\_\_


**ARTICLE VIII EFFECTIVE DATE:** 04/19/2018

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

04/19/2018  
\_\_\_\_\_  
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

04/19/2018  
\_\_\_\_\_  
Date