

P19 000 090 424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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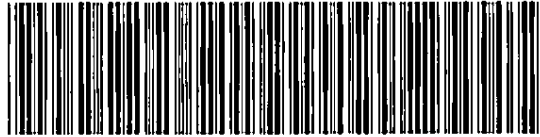
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 10 PM 2:29

FILED
19 DEC 10 PM 2:29
TALLAHASSEE, FLORIDA

D. O'KEEFE
DEC 10 2019

COVER LETTER

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

SUBJECT: Kingdom Confidence, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Markeshia Luree Gorden

Name (Printed or typed)

1139 Baton Rouge Ct

Address

Tallahassee, Florida 32305

City, State & Zip

323-547-1890

Daytime Telephone number

luree@kingdomconfidence.expert

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: Kingdom Confidence, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1139 Baton Rouge Ct
Tallahassee, Florida 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a 10-week masterclass on how
to get your confidence back. Coaching & Mentoring. Speaking
engagements, hosting, services, and classes.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Markeshia Gorden, President

Address 1139 Baton Rouge Ct
Tallahassee, Florida 32305

Name and Title: Markeshia Gorden, Director

Address: 1139 Baton Rouge Ct
Tallahassee, Florida 32305

Name and Title: Markeshia Gorden, Incorporator

Address 1139 Baton Rouge Ct
Tallahassee, Florida 32305

Name and Title: Markeshia Gorden, Secretary

Address: 1139 Baton Rouge Ct
Tallahassee, Florida 32305

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: Markeshia Gorden
Address: 1139 Baton Rouge Ct
Tallahassee, Florida 32305

ARTICLE VII INCORPORATOR

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

Name: Markeshia Gorden
Address: 1139 Baton Rouge Ct
Tallahassee, Florida 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/09/19 (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

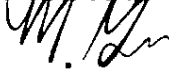


Required Signature/Registered Agent

12/10/19

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

12/10/19

Date

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TALLAHASSEE