

N12000005243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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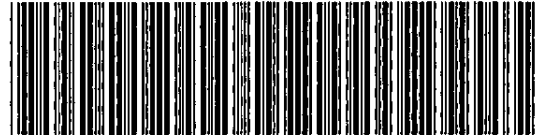
(Business Entity Name)

(Document Number)

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12 MAY 24 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-28706

**COVER LETTER**

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

**SUBJECT: SUSIE'S MEDICAL FUND, INC.**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Robert E. Senton  
Name (Printed or typed)

P.O. Box 121292  
Address

West Melbourne, FL. 32912  
City, State & Zip

(321) 254-7692  
Telephone number

sfof@cfl.rr.com /  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2012

ROBERT E. SENTON  
P.O. BOX 121292  
WEST MELBOURNE, FL 32912

SUBJECT: SUSIE'S MEDICAL FUND, INC.  
Ref. Number: W12000028706

We have received your document for SUSIE'S MEDICAL FUND, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00015112

**ARTICLES OF INCORPORATION**

In compliance with Chapter 617, Florida Statutes (Not For Profit)

**ARTICLE I NAME**

The name of this corporation shall be: SUSIE'S MEDICAL FUND, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1270 N. Wickham Rd., Suite 16-607, Melbourne, Florida 32935

**ARTICLE III PURPOSE**

The purpose for which this corporation is organized is:

To engage in fund raising to pay medical bills and related expenses as a result of surgery for partial (50%) liver removal, for Susan Senton.

**ARTICLE IV DIRECTORS**

The manner in which the directors are elected and/or appointed

The method of election of directors shall be stated in the bylaws.

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

List name(s), address(es) and specific title(s):

Robert E. Senton, P.O. Box 121292, West Melbourne, Florida 32912-1292, President, Treasurer, Secretary, Director

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TALLAHASSEE, FLORIDA

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Barbara L. Senton, 2756 Rouen Avenue, Melbourne, Florida  
32935, Director

Joseph J. Senton, 2756 Rouen Avenue, Melbourne, Florida 32935,  
Director

### **ARTICLE VI DISSOLUTION OF ASSETS**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 © (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court Of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine which are organized and operated exclusively for such purpose.

### **ARTICLE VII REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Mark Donaldson, 1270 N. Wickham Rd., Suite 16, Melbourne,  
Florida 32935

### **ARTICLE VIII INCORPORATOR**

The name and address of the incorporator is:

Robert E. Senton, P.O. Box 121292, West Melbourne, Florida  
32912-1292

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TALLAHASSEE, FLORIDA

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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.

**FAST MAIL**

**N More**

1270 N. Wickham Rd., Suite 16  
Melbourne, FL 32935  
(321) 757-0755



Required Signature of Registered Agent

5-18-2012

Date

I submit this document and affirm that the facts stated herein are true, I am aware that any 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 of Incorporator

5/18/12

Date

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