N16000005015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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COVER LETTER

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

SUBJECT: CANCER ON YOUR PLATE 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: BEATRICE MEEHAN
Name (Printed or typed)

607 CRANE PRAIRIE WAY
Address

OSPREY FL 34299-8855
City, State & Zip

CELL - (781) 608-22-08.
Daytime Telephone number

BEATRICE.MEEHAN@HOTMAIL.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CANCER ON YOUR PLATE INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

607 CRANE PRAIRIE WAY

OSPREY, FL 34299-8855

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized exclusively for charitable, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c) of the Internal Revenue Code, or the corresponding secto of any future federal tax code

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by the Nominating Committee of the Board of Directors and elected upon approval of a majority of the Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BEATRICE MEEHAN PRESIDENT

Address 607 CRANE PRAIRIE WAY OSPREY, FL. 34299-8855

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ 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: BEATRICE MEEHAN

Address: 607 CRANE PRAIRIE WAY
OSPREY, FL 34299-8855

ARTICLE VII INCORPORATOR

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

Name: BEATRICE MEEHAN

Address: 607 CRANE PRAIRIE WAY
OSPREY, FL 34299-8855

ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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

B. Meehan
Required Signature of Registered Agent

APRIL 25, 2016
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.

B. Meehan
Required Signature of Incorporator

APRIL 25, 2016
Date