

#19000000 3059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

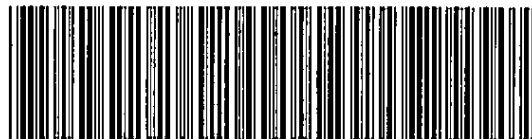
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19 SEP 26 AM 7:16
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DonorCure, Inc.

Name of Corporation

DOCUMENT NUMBER: F19000003059

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter J. Banks

Name of Contact Person

DonorCure, Inc.

Firm/Company

605 SE 1st Avenue, Suite D

Address

Delray Beach, FL 33444

City/State and Zip Code

Peterbanks@donorcure.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter J. Banks

Name of Contact Person

at (**716**) **239-9425**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee ☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
19 SEP 26 PM 7:00
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
DonorCure, Inc.
2. This entity was authorized to transact business in Florida on June 20, 2019 and its Florida document number is F19000003059
3. This corporation was formed under the laws of Delaware
4. The name and address of each officer and/or director is as follows:

Title:

Pres/CEO/Dir.

Name and Address

Peter Banks

605 SE 1st Ave Suite D

Delray Beach, FL 33444

Treas/ Dir.

Melissa Allison

605 SE 1st Ave Suite D

Delray Beach, FL 33444

Sec/ Dir.

Steve Williams

605 SE 1st Ave Suite D

Delray Beach, FL 33444

(Attach additional pages if necessary)

Signature of an officer or director

Peter J. Banks

Typed or printed name of person signing

President

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: