

TRANSMITTAL LETTER

N000000006608

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

SUBJECT: MAY THE BLESSINGS BE CANCER FOUNDATION ^{Corp.} ~~Inc.~~
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003412618--7

-10/03/00--01035--009
*****18.75 *****78.75

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: DEBRA SWEETING
Name (Printed or typed)
401 MICKLETON LODD
Address
OCFEE, FL 34761
City, State & Zip
(407) 905-9148
Daytime Telephone number

FILED
OCT-3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MAY THE BLESSINGS BE CANCER FOUNDATION ~~INC.~~ Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

401 MICKLETON LOOP OCCEE, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS NON PROFIT FOUNDATION IS DEDICATED TO THE ELIMINATION OF CANCER, LYMPHOMA AND HODGKINS DISEASE. THE HEART OF THIS PROGRAM IS TO SPIRITUALLY INSPIRE THE CANCER SURVIVING COMMUNITY BY OFFERING LOVING SUPPORT AND ENCOURAGEMENT TO EACH OTHER.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTED BY FOUNDER

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

- 1) EFREN SWEETING 401 MICKLETON LOOP OCCEE, FL
- 2) JOAN SMITH 3318 GREAT NECK STREET PORT CHARLOTTE, FL
- 3) LISA JAMES 1790 FLORENCE VISTA BLVD. ORLANDO, FL

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DEBRA SWEETING
401 MICKLETON LOOP OCCEE, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEBRA SWEETING
401 MICKLETON LOOP OCCEE, FL 34761

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.

Debra Sweeting
Signature/Registered Agent

8/01/2000
Date

Debra Sweeting
Signature/Incorporator

8/01/2000
Date

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TALLAHASSEE, FLORIDA