

TRANSMITTAL LETTER

N0000000007447

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

900003453359--7
-11/06/00--01100--009
*****78.75 *****78.75

SUBJECT: Children's MELANOMA AWARENESS Foundation, 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: DEBRA Schmidt
Name (Printed or typed)

11819 LANCAshire DR
Address

Tampa FL 33626
City, State & Zip

813-855-8957
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV -6 PM 1:43

FILED

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

Feb 11/0

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

CHILDREN'S MELANOMA AWARENESS FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

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

11819 LANCASTHIRE DR
TAMPA FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A NON-PROFIT ORGANIZATION WHO'S PURPOSE IS TO CREATE WIDESPREAD AWARENESS OF MELANOMA'S DANGER TO CHILDREN.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

New Foundation - DIRECTORS will be APPOINTED BY founder.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DEBRA SCHMIDT
11819 LANCASTHIRE DR
TAMPA FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEBRA SCHMIDT
11819 LANCASTHIRE DR
TAMPA FL 33626

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 Schmidt
Signature/Registered Agent DEBRA SCHMIDT

11/3/2000
Date

Debra Schmidt
Signature/Incorporator DEBRA SCHMIDT

11/3/2000
Date

FILED
00 NOV -6 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA