TRANSMITTAL LETTER

N0100001603

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

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SUBJECT:	Brain Tumor Four (PROPOSED CORPORATE		DE SUFFIX)	_
Enclosed is an original a	nd one (1) copy of the articl	es 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:	Christopher A. Hammer Name (Printed or typed) 6207 01d Court Road #603		01 MAR -5 AM SECRETARY OF A TALLAMASSEE, H	T

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

Daytime Telephone number

City, State & Zip

561 - 750 - 6534

Boca Raton, Florida 33433

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Brain Tumor Foundation Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

6207 Old Court Road #603 Boca Raton, Florida 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sole purpose of this organization is to raise funds to assist brain tumor survivors and provide funds for brain tumor research.

MANNER OF ELECTION

The manner in which the directors are elected or appointed:

All directors will be appointed by Chris Hammer

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

<u> ARTICLE VI - INITIAL REGISTERED AGENT AND S</u>TREET ADDRESS

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

Christopher A. Hammer 6207 Old Court Road #603 Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Christopher A. Hammer 6207 01d Court Road #603 Boca Raton, Florida 33433

MICHELE FERRARO MY COMMISSION # CC 991419 EXPIRES: January 2, 2005

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.

Signature/Registered Agent

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Signature/Incorporator