105000005456

(Re	questor's Name)	
(Ad	dress)	
-		
	dress)	
(Au	uress)	
(Cit	ry/State/Zip/Phone	÷#)
_		
PICK-UP	MAIT	MAIL
/Du	siness Entity Nan	
(Du	Silless Efficy Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	l
		· ·
		S
		1
		Ĭ

Office Use Only



200050380942

09/14/05--01033--014 **78.75

05 MAY 26 AM 9: 28

11 6/2/06

TRANSMITTAL LETTER

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

SUBJECT: The Ca	n ^ Do (ance) (PROPOSED CORPORATE	b wilness Ename- <u>must inclui</u>	foundation	and cente
This is	sa non-prod	At organiz	ation	
Enclosed is an original an	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: _	Paige Lay Name (Prin	nted or typed)		· -
-	4505 Foxci	off Drive	_	

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

850 - 766 - 4684 Daytime Telephone number

Tallahassee, Florida 32309 City, State & Zip



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 19, 2005

PAIGE LAY 4505 FOXCROFT DRIVE TALLAHASSEE, FL 32309

SUBJECT: CAN - DO CANCER WELLNESS FOUNDATION AND CENTER

Ref. Number: W05000019757

We have received your document for CAN - DO CANCER WELLNESS FOUNDATION AND CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: GORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please use officer and director titles that are recognized by our office.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 005A00026803

Valerie Ingram
Document Specialist
New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPC ATION
In Compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be:
Can - Do cancer wellness foundation and centering
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
4505 Fexcioff Drive This is a non-
1911ahassee, F1. 32309
The purpose for which the corporation is organized is:
To provide transportation, counseling,
modicioni, counseling
concer patients who can't
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:
Stated in the bylaws:
en de la companya de La companya de la co
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS
List name(s), address(es) and specific title(s):
Suzanne Wilbanks - 57 3500 Fakon Ric
Paige Lay- D. Ct. Mont. Ac.
34505 Foxcroft Drive, tallahassee, Fr 32309 Lockly
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Paige Lay - Director Ce
4505 Foxcraft Drive Tallahassee, Florida 32309
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Paige Lay 4505 Foxcroft Prive
Tallahassee, FL 32300

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.
Dales W/12105
Signature/Registered Agent Date 5