## 

(Requestor's Name)
(Address)
(Address)
(Mariess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Continued copies
Special Instructions to Filing Officer:
·

Office Use Only



800074878718

05/30/06--01007--012 \*\*87.50

2006 HAY 30 P 3: 2L SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT: COM	H ROB'S BENE	FIT BASH I	Tic,	
***************************************	(PROPOSED CORPORA	TE NAME - MUST INCLU	<u>DE SUFFIX</u> )	
Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :				
□ # <b>#</b> 0.00			TT \$07.50	
\$70.00 Filing Fee	\$78.75 Filing Fee &	\$78.75 Filing Fee	\$87.50 Filing Fee,	
Filing Fee	Certificate of	& Certified Copy	Certified Copy	
	Status	a connect copy	& Certificate	
		ADDITIONAL COPY REQUIRED		
			···	

FROM: BEADFORD

Name (Printed or typed)

9844 MONTCLAIR CIRCLE

Address

Address

City, State & Zip

407-293-0015

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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

j	ARTICLE I NAME
	The name of the corporation shall be: COACH ROB'S BENEFIT BASH INC
	Zs. Z
	ARTICLE II PRINCIPAL OFFICE
	The principal place of business and mailing address of this corporation shall be:
	4844 MONTCLATE CIRCLE MY O MARCHAIR CIRCLE
	Apopka, FL 32703
	ARTICLE III PURPOSE
	The purpose for which the corporation is organized is:
	ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  9844 Montchair Circle Apopka, FL 32703  ARTICLE III PURPOSE The purpose for which the corporation is organized is:  CHARITY - PAISINE MONEY  FOR CAMER TREATMENT of RESEARCH
	In CANCER TREATMENT S
	DECEMONIS
	ARTICLE IV MANNER OF ELECTION
	The manner in which the directors are elected or appointed:
	APPOINTED
	ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS
	List name(s), address(es) and specific title(s):
PRESIDENT	ROB BRADFORD 9844 MONT CLARE CIRCLE ADODKA, FL 32703 TODD BIRMINGHAM 9857 MONT CLARE CIRCLE ADOOKA, FL 32703
VraAres	TONA BIRMINGHAM 9857 MONTCHIR CINCLE APOOKA, FL 32703
mar an	KIM BRADFORD 9844 MONTCLAIR CIRCLE APOPKA, FL 32703
TIZEMSURE	KIM Dialore at 17
	ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
	The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
	POB BRADFORD
	9844 MONTCLAIR CIRCLE
	A PODK4, FL 32703
l	ARTICLE VII INCORPORATOR
	The <u>name and address</u> of the Incorporator is:
	SAME AS ABOVE ROB BRADFORD 9844 MONTCLATE
	9844 MONTCLATIC
	APOPKA, FL 32703
**	********************
	wing been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.
	Kol Brulf7cl 5/24/06
Si	gnature/Registered Agent Date
	$\rho = -\frac{1}{2} \frac{1}{2} \frac{1}{2}$
1	Cot Bruchel 5/24/06
⁄Si	gnature/Incorporator Date