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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Joanne Lucas DAYE

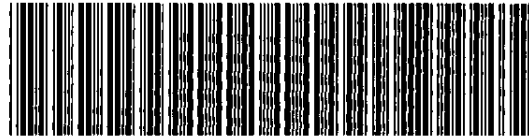
AUTHORIZATION BY PHONE TO

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FILED
10 OCT 18 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 10/20/10

COVER LETTER

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

SUBJECT: HCAC 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: JoAnne Lucas
Name (Printed or typed)

108 Emily Lane
Address

Brandon, Florida 33510
City, State & Zip

813-784-0854
Telephone number

joannelucas69@gmail.com
E-mail address: (to be used for future annual report notification)

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: **HCAC Foundation Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
108 Emily Lane
Brandon, Florida 33510

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HCAC Foundation Inc. is a company that will organize fund raising events and will donate a portion of the profits to various hospitals and organizations looking to find a cure for "all" types cancer and auto-immune disease.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

By unanimous vote at an annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JoAnne Lucas /President
Address: _____

Name and Title: Nina Stull/ Vice President
Address: _____

Name and Title: Wally Joseph Zajac/ Donations Director
Address: _____

Name and Title: Jushusa Bartlett/ Funding Officer
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JoAnne Lucas
Address: 108 Emily Drive
Brandon, Florida 33510

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JoAnne Lucas
Address: 108 Emily Lane
Brandon, Florida 33510

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TALLAHASSEE, FLORIDA

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

JoAnne Lucas
Required Signature of Registered Agent

10/13/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JoAnne Lucas
Required Signature of Incorporator

10/13/2010
Date