

N10000009952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

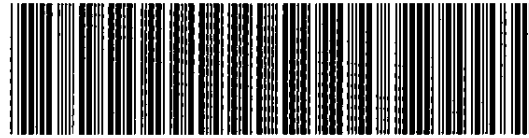
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Heather Gault on ^{GAVE}
AUTHORIZATION BY PHONE TO
CORRECT Articles IV + V
DATE 10/25/10
DOC. EDWIN MRS

Office Use Only



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10/22/10--01010--013 **87.50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

10 OCT 22 PM 3:41

FILED

MRS
10/25

COVER LETTER

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

SUBJECT: Val's Victory Fund, 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: Heather M Jackson

Name (Printed or typed)

1104 Se 46th Ln

Address

Cape Coral, Fl 33904

City, State & Zip

239-839-2227

1104 SE 46th Ln Telephone number

hmjswfl@hotmail.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)

FILED

10 OCT 22 PM 3:41

ARTICLE I NAME Val's Victory Fund, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1104 SE 46th Ln
Cape Coral, FL 33904

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

Valarie Lopez is a seventeen year old cancer patient with stage 4, Alveolar Rhabdomyosarcoma RMS.
The Val's Victory Fund, Inc is set up for the sole purpose of auctioning and selling donated goods for her cause.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
Directors will be appointed by the founder.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Domenica Acquarulo</u> P Address: 1104 Se 46 th Ln, Cape Coral, Fl 33904	Name and Title: <u>Jody P Morgan</u> T Address: 122 5 th St Ft Myers, FL 33907
Name and Title: <u>Heather M Jackson</u> VP Address: 1104 Se 46 th Ln Cape Coral, FL 33904	Name and Title: _____ 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: Heather M Jackson
Address: 1104 Se 46th Lane
Cape Coral, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Heather M Jackson
Address: 1104 Se 46th Lane
Cape Coral, FL 33904

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

Heather M Jackson

Required Signature of Registered Agent

10/19/2010
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.

Heather M Jackson

Required Signature of Incorporator

10/19/2010
Date