## 000001354

(R	equestor's Name)			
(A	ddress)			
(Address)				
(C	ity/State/Zip/Phone #)	,		
<b>—</b>		<b>—</b>		
☐ PICK-UP	☐ WAIT	MAIL		
		•		
(B	usiness Entity Name)			
(D	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to	Filina Officer:			
	<b>.</b>			
		i		
	Office Use Only			
•	1			



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T. Burch FEB 9 2011

## **COVER LETTER**

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

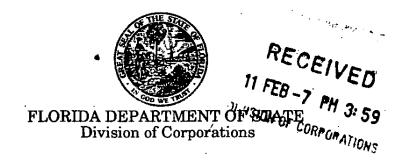
SUBJECT: Tonyas Hope Cancer Foundation Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Artic	les of Incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate  OPY REQUIRED
FROM	Kathryn Ingersoll	nted or typed)	<del></del>
	122 Delaware s	st Idress	
	Carrabelle,FI 32	2322 tate & Zip	
	850-697-9533 122 Del Marismer Tel	ephone number	
	kathy ingersoll20	03@yahoo.cor	m

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

E-mail address: (to be used for future annual report notification)



January 28, 2011

KATHRYN INGERSOLL 122 DELAWARE ST CARRABELLE, FL 32322

SUBJECT: TONYAS HOPE CANCER FOUNDATION CORP.

Ref. Number: W11000005490

We have received your document for TONYAS HOPE CANCER FOUNDATION CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 return the corrected 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) 245-6928.

The first of the control of the cont

Tim Burch
Regulatory Specialist II
New Filing Section

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Letter Number: 611A00002435

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## ARTICLES OF INCORPORATION

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

ARTICLE I

NAME

ARTICLE I	NAME Tonyas Hope Cancer	Foundation Corp.	
The name of the	corporation shall be:	•	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	122 Delaware st		
•	Carrabelle,Fl 32322		
		<del></del>	<u> </u>
ARTICLE III	PURPOSE		2211
	which the corporation is organized is:		<u> </u>
			rred due to thier illness
to help canc	er patients in Franklin County Fl. with	ı daily,non medical bills incu	rred due to thier illness
			parties and a
			型
ARTICLE IV	MANNER OF ELECTION The manner in	•	ppointed:
all positions	are appointed by Kathryn Ingersoll,	Founder	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
	Title: Kathryn Ingersoll, president	Name and Title:	···
Address:	122 Delaware st	Address:	
	Carrabelle,Fl 32322	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
Name and	Title: Mary Crain.treasurer	Name and Title:	
Address:	PO Box 1256	A diduage.	
	Lanark Village FI 32323		
Name and '	Pide App Morrill approton.	Name and Title	
Name and Address:	Title: Ann Merrill, secretary  115 West Drive		
Audicss.	Carrabelle.Fl 32322	Address.	· · · · · · · · · · · · · · · · · · ·
		<del></del>	
ARTICLE VI	REGISTERED AGENT	-54 1 1	
Name:	lorida street address (P.O. Box NOT acceptable) Kathryn Ingersoll		
Address:	Kathryn Ingersoll 122 Delaware st	<del></del>	
71uu 055.	Carrabelle Fl 32322	<del></del>	
		<del>_</del>	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name: Addr <del>e</del> ss:	Kathryn Ingersoll, president 122 Delaware st	<del></del>	
Additess.	Carrabelle Fl 32322	<del></del> %.	
	Oall Books, 1 Ozozz	<del></del>	
	med as registered agent to accept service of pro		
certificate, I am f	amiliar with and accept the appointment as regist	ered agent and agree to act in this cap	vacity
P II			0 7 11
Xarri	Required Signature of Registered Agent	·`	<u> </u>
/	Required/Signature of Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware that am fake infor	mation submitted in a document
to the Departmen	it of State constitu <u>tes</u> a third degree felony as prov	ided for in s.817.155, F.S.	
111		<i>A</i>	_
To the	rep ABINALI	<b>"</b>	2-3-11
- Jacob Co	Required Signature of Incorporate	<del></del>	Date
1	, , ,		