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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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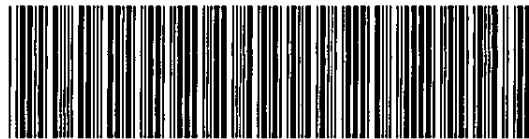
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 FEB 22 PM 1:44

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2/22/11

COVER LETTER

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

SUBJECT: Lisabet Anna Buesing 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: Derik Buesing
Name (Printed or typed)

18501 Ocala Road
Address

FORT MYERS, FL 33967
City, State & Zip

(239) 478-6526
Daytime Telephone number

bcwarrior22@lisabetannabuesingfoundation.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:

Lisabet Anna Buesing Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

18501 Ocala Road
FORT MYERS, FL 33967

Mailing address, if different is

ARTICLE III

The purpose for wh

TO PROVIDE A ONE TIME FINANCIAL ASSISTANCE WITH CO-PAYS/MEDICAL BILLS UP TO \$500.00 FOR A SINGLE MOTHER OR FATHER DIAGNOSED WITH BREAST CANCER, UNDER 45 YEARS OLD AND LIVING IN SOUTHWEST FLORIDA-LEE, CHARLOTTE & COLLIER COUNTY. EACH RECIPIENT WILL FILL OUT AN APPLICATION, TO BE APPROVED BY THE BOARD. WHEN APPROVED, THE RECIPIENT WILL SUBMIT THEIR BILLS TO FOUNDATION AND WE WILL PAY VENDOR DIRECTLY. FOUNDATION NAME IS IN MEMORY OF LISABET ANNA BUESING, A SINGLE MOTHER DIAGNOSED WITH BREAST CANCER AT 22 YEARS OLD AND PASSED AWAY 3 YEARS LATER. SHE WANTED THIS FOUNDATION TO HELP OTHER SINGLE MOTHERS OR FATHERS WITH BREAST CANCER AND TO SHOW HER YOUNG SON ON HOW TO PAY IT FORWARD. SO MANY PEOPLE HAD HELPED HER FINANCIALLY DURING HER FIGHT TO BEAT CANCER.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

THE DIRECTORS/OFFICERS WILL BE ELECTED ANNUALLY BY THE MEMBERS AT THE ANNUAL MEETING TO BE HELD THE 3RD SATURDAY OF JANUARY EACH YEAR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DERIK BUESING P
Address: 18501 Ocala Road
FORT MYERS, FL 33967

Name and Title: LISA ORTENGREN T
Address: 20650 Graveline Court
Estero FL 33929

Name and Title: LINDA SCHANK V
Address: 18525 IRIS ROAD
FORT MYERS, FL 33967

Name and Title: _____
Address: _____

Name and Title: DEANN GATTENY S
Address: 8184 Cypress Drive N
FORT MYERS, FL 33967

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

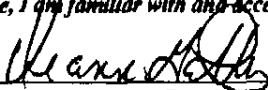
Name: DEANN GATTENY
Address: 8184 Cypress Drive N
FORT MYERS, FL 33967

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DERIK BUESING
Address: 18501 OCALA ROAD
FORT MYERS, FL 33967

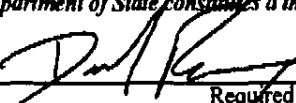
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

2/18/11
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.



Required Signature of Incorporator

2/18/11
Date

Derik Buesing