

N11000005614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

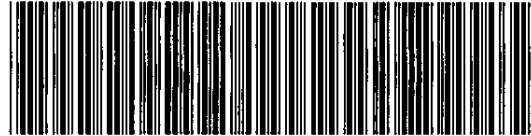
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

D. Frank Scott
AUTHORIZATION BY PHONE TO
OC 11/12
DATE 6-9-11
SIGNATURE

Office Use Only



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W11000031304

DR. FRANK SCOTT
515 MIRASOL CIRCLE, SUITE 206
CELEBRATION, FLORIDA 34747
407-340-6159

June 2, 2011

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Filing to Incorporate a Not-for-Profit Corporation
(or "iCAN Dx Rx Corporation")

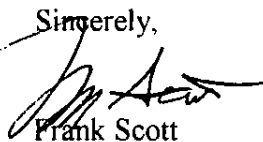
Dear :

I enclose the following:

1. The filing fee for a not-for-profit corporation of \$78.75 payable to the Department of State to include designation of registered agent and certified copy.
2. Original and one copy of the articles of incorporation.

I am concurrently filing to organize a limited liability company with about the same name, specifically iCAN Dx Rx LLC and approve it and ask you to approve both the for-profit LLC and not-for-profit corporation use of name.

Sincerely,



Frank Scott

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: iCANDxRx Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
SIS MIRASOL CIRCLE SUITE 206
CELEBRATION FL 34747

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE IS TO BE A VOLUNTARY HEALTH ORGANIZATION, TO DIAGNOSE, TREAT, CURE CANCER PATIENTS THROUGH RESEARCH AND DEVELOPMENT AND PRODUCT DEVELOPMENT WITH THE OBJECTIVE TO REDUCE DISEASES, REDUCE HEALTH COSTS TO PATIENTS AND HELP REDUCE THE COST OF THE HEALTH CARE INDUSTRY.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: EVERY THREE YEARS NOMINATIONS ARE MADE TO THE DIRECTOR FOR A VOTE BY SHARE HOLDERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR FRANK SCOTT EXECUTIVE D
Address: SIS MIRASOL CIRCLE UNIT 206
CELEBRATION FL 34747

Name and Title: KARL LIEVENSE Director
Address: 4851 TAMiami TRAIL N. Suite 302
NAPLES FL 34103

Name and Title: Henry Long President
Address: 5233 HAMMOCK CIRCLE
ST CLOUD FL 34771

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

VI PURPOSED DISSOLUTION OF ASSETS PROVISION: ASSETS WILL BE DISTRIBUTED EXCLUSIVELY TO 1 OR MORE CHARITIES QUALIFIED UNDER 501-C-3 OF IRS CODE

ARTICLE VII REGISTERED AGENT

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

Name: Dr Frank Scott
Address: SIS MIRASOL CIRCLE SUITE 206
CELEBRATION FL 34747

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr Frank Scott
Address: SIS MIRASOL CIRCLE SUITE 206
CELEBRATION FL 34747

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

[Signature]

Required Signature of Registered Agent

May 25 2011
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.

[Signature]

Required Signature of Incorporator

May 25 2011
Date