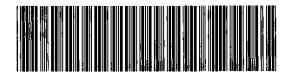
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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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06/29/11

COVER LETTER

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

SUBJECT: The C	atasha Odum Car	ncer Patients Don	•
Enclosed is an original a	und one (1) copy of the Art		· -
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	Ludio K. Johnso	ADDITIONAL CO	OPY REQUIRED
FROM:	Lydia K. Johnson	Printed or typed)	
	1362 North Ma	angonia Drive	

LITGodschild@aol.com

(561) 659-3378

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

West Palm Beach, FL. 33401

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME The Catasha Odum Ca	ncer Patients	Donations Fund, Inc.		
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if different is:		
	1362 N. Mangonia Dr.	- -	***		
	West Palm Beach, FL 33401	<u>.</u>			
ARTICLE III	PURPOSE		,		
The purpose for w	hich the corporation is organized is:				
To provide su	upport by means of donations of clothing	ng and other	needed items to cancer patients.		
ARTICLE IV	MANNER OF ELECTION The manner in v	which the directors	s are elected and appointed:		
Directors are	elected by means of a consensus vot	e bv member	°S.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	-	-		
	itte: Lydia K. Johnson . President / CEO	Name and Title	:Latasha Odum, Vice President		
Address:	1362 N. Mangonia Dr. West Palm Beach, FL. 33401	Address:	1362 N. Mangonia Dr.		
	West Palm Beach, FL. 33401	_	West Palm Beach, FL. 33401		
None and T	Carlo M. Janes Transvers	None and mid-			
Name and 1 Address:	itle: Carla M. Jones , Treasurer 11965 N.W. 110th Avenue				
rua ess.	Reddick, FL. 32686				
		-			
Name and T	itle:		:		
Address:		Address:			
		-			
ARTICLE VI	DECISTEDED ACELS	•			
		the registered age	nt is:		
Name:	Lydia K. Johnson	and regionaled age.			
Address:	1362 N. Mangonia Dr.	· -	The state of the s		
	West Palm Beach, FL, 33401	-	SO T		
	**************************************	-	17:		
ARTICLE VII	INCORPORATOR				
The name and ad-	dress of the Incorporator is:		<u> </u>		
Name:	Lydia K. Johnson		ž≧ an in-in-in-in-in-in-in-in-in-in-in-in-in-i		
Address:	1362 N. Mangonia Dr. West Palm Beach, FL, 33401	-	Sim ro		
	West Failti Beach, FL. 35401	, -			
	ned as registered agent to accept service of processimiliar with and accept the appointment as registered				
Y/L	Mua no Aonnson		6114111		
——————————————————————————————————————	Required Signature of Registered Agent		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					
	of State constitutes a third degree felony as provide				
XIId.	io K. Ashman		611411		
	Required Signature of Incorporator		Date		