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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
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COVER LETTER

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

SUBJECT: Iron N	Mike Foundation,	Inc.		
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)	
Enclosed is an original	and one (1) copy of the Arti	icles of Incorporation and	d 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 CO			OPY REQUIRED	
FROM:	Patricia A Alley	rinted or typed)	_	
	PO Box 3445	Address	TALLA	
	Riverview, FL 3	3568	A Section 1	THI JUN 29
City, State & Zip 813-625-5941			Constant	HE C
	10418 GI DNEY Stree To	·	— <u> </u>	4
	pattiabiker@ya		tion)	

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

	NAME Iron Mike Foundation,	Inc			
The name of the cor	rporation shall be:	, 1110.			
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if o	different is:	
	10418 Gloria Street	_	PO Box 3445		
	Gibsonton, FL 33534		Riverview, FL 33568		
ARTICLE III	PURPOSE	_			
	nich the corporation is organized is:				
• •	ndraising and charity events for non-	-nrofit organiz:	ations associated with	children i e	
	nes, foster care centers, adoption ce				
ARTICLE IV	MANNER OF ELECTION The manner is	n which the director	rs are elected and appointed:		
Directors are required elections.	to have clean criminal record, and carry a passion for			, and will have yearly	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT				
	ile: Patricia A Alley, President	Name and Title	e:Robin J Law, Vice-Presi	dent	
Address:	PO Box 3445 Riverview, FL 33568	Address:	6627 Krycul Avenue Riverview, FL 33578		
	NIVEIVIEW, FL 33300	<u> </u>	Riverview, FL 33376		
Name and Tit	tle: <u>Patricia Alley, Treasurer</u>	Name and Title	e:		
Address:	PO Box 3445				
	Riverview, FL 33568				
Name and Tit	le:	 Name and Title			
Address:			Ç		
1144.005.	-				
ARTICLE VI	REGISTERED AGENT		}	73.00 AM	
	ida street address (P.O. Box NOT acceptable)	of the registered ago	ent is:		
Name:	Patricia A Alley		ā		
Address:	10418 Gloria Street	<u> </u>	€1. 9.⊃	2 2	
	Gibsonton, FL 33534		#5	9 6	
ARTICLE VII	INCORPORATOR		_r .d.	I	
	ress of the Incorporator is:		Cn Gw Uw i	3 3 3	
Name:	Patricia A Alley		ur i	₩ %	
Address:	PO Box 3445	<u></u>	,	4 -	
	Riverview, FL 33568				
Umdua baar aa			stated companion at the also	na daniomated in 45.1-	
	ed as registered agent to accept service of pro- miliax with and accept the appointment as registe			ze aesignaiea in inis	
1)//(/O/		27 June 201	1	
7	Required Signature of Registered Agent		Date		
/ I submit this docum	pent and affirm that the facts stated herein are	true. I am aware ti	hat any false information sub-	nitted in a document	
to the Department of	of State constitutes a third degree felony as provi	ided for in s.817.15	15, F.S.		
	+ AS(/n				
/ 5	Kley		27 June 2011		
/	Required Signature of Incorporator	r	Dat	e	