

N 11 000008191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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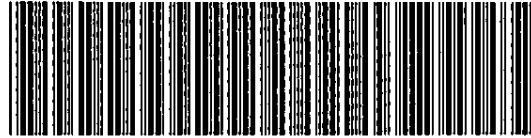
(Business Entity Name)

(Document Number)

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Will-42460

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 29 PM 12:31

bm 8/30/11

COVER LETTER

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

SUBJECT: Therese Marie Scanlon 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: Laura Scanlon
Name (Printed or typed)

5702 Mayflower Way, #305
Address

Ave Maria, FL 34142
City, State & Zip

(239) 867-4030
Daytime Telephone number

olg12@catholicexchange.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED
11 AUG 29 PM 12:56
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2011

LAURA SCANLON
5702 MAYFLOWER WAY #305
AVE MARIA, FL 34142

SUBJECT: THERESE MARIE SCANLON FOUNDATION, INC.
Ref. Number: W11000042460

We have received your document for THERESE MARIE SCANLON FOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type the name of the corporation in article I.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 511A00019065

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

ARTICLE I NAME

The name of the corporation shall be: Therese Marie Scanlon Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5702 Mayflower Way
#305
Ave Maria, FL 34142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To serve others, especially the less fortunate, and defend truth.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The trustees determine, in meeting, any directors and appoint them.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Scanlon, Trustee
Address: 5702 Mayflower Way
#305
Ave Maria, FL 34142

Name and Title: Laura Scanlon, Trustee
Address: 5702 Mayflower Way
#305
Ave Maria, FL 34142

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Laura Scanlon
Address: 5702 Mayflower Way
#305
Ave Maria, FL 34142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laura Scanlon
Address: 5702 Mayflower Way
#305
Ave Maria, FL 34142

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

Laura Scanlon
Required Signature of Registered Agent

6/25/11
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.

Laura Scanlon
Required Signature of Incorporator

6/25/11
Date

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