

N110000008212

(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 \_\_\_\_\_

Special Instructions to Filing Officer:

James Hymon DAVE

AUTHORIZATION BY PHONE TO

CORRECT Ab VII

DATE \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 29 PM 4:16

TS 8/30/11

## COVER LETTER

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

SUBJECT: JAMIE HYMON BRAIN CANCER 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: JAMES E HYMON  
Name (Printed or typed)

122 SOUTH SHADOW BAY DRIVE  
Address

ORLANDO, FLORIDA 32825  
City, State & Zip

407-247-5661  
Daytime Telephone number

pathym1957@gmail.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

**JAMIE HYMON BRAIN CANCER FOUNDATION**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

122 SOUTH SHADOW BAY DRIVE

ORLANDO, FLORIDA 32825

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS FOUNDATION WILL HELP BRAIN CANCER PATIENTS WITH HOTEL STAY AND OTHER EXPENSES THAT THEY MAY OCCUR FROM DEALING WITH THIER LOVE ONES CARE

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

BY A VOTE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES HYMON/ PRESIDENT

Address: 122 SOUTH SHADOW BAY DRIVE  
ORLANDO, FLORIDA 32825

Name and Title: PATRICIA HYMON/ VICE PRESIDENT

Address: 122 SOUTH DHADOW BAY DRIVE  
ORLANDO, FLORIDA 32825

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: JAMES HYMON

Address: 122 SOUTH SHADOW BAY DRIVE  
ORLANDO, FLORIDA 32825

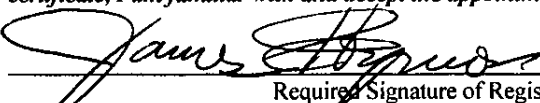
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia Hymon

Address: 122 SOUTH SHADOW BAY DRIVE  
ORLANDO, FLORIDA 32825

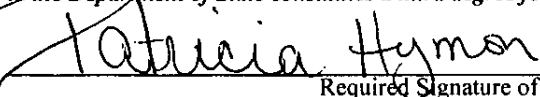
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature of Registered Agent

08-25-11

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.

  
Required Signature of Incorporator

08-25-11

Date