

N12 000004185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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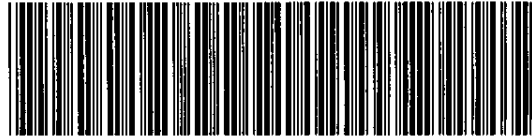
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 24 2012

COVER LETTER

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

SUBJECT: Chanell Wright "Save A Child" 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: Chiquita L Wright
Name (Printed or typed)

825 Grand Sayan Loop
Address

Apopka , FL 32712
City, State & Zip

321-277-8891
Telephone number

chituitawright@cfl.rr.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

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

ARTICLE I NAME

The name of the corporation shall be: Chanell Wright "Save A Child" Foundation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
825 Grand Sayan Loop
Apopka, FL 32712

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our mission is to help save a child with a life threatening disease by funding the cost of medical expense.

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

An annual meeting shall be held once each calendar year for the purpose of electing directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: chiquita wright/President
Address: 825 Grand sayan loop
apopka fl 32712

Name and Title: Lyndell Wright/vice president
Address: 825 grand sayan loop
apopka fl 32712

Name and Title: Adel Doctor/Secretary
Address: 2016 Clacyn Ct
Winter Garden FL 34787

Name and Title: Phil Burton/Treasurer
Address: 2038 Black Lake Blvd
Winter Garden FL 34787

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: chiquita wright
Address: 825 grand sayan loop
apopka fl 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: chiquita wright
Address: 825 grand sayan loop
apopka fl 32712

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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

Chiquita Wright
Required Signature of Registered Agent

4-16-2012
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.

Chiquita Wright
Required Signature of Incorporator

4-16-2012
Date