

N12000006204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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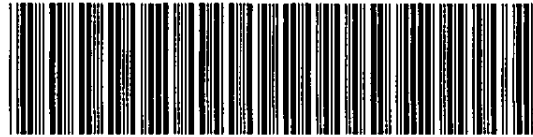
(Business Entity Name)

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FILED
12 JUN 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch JUN 25 2012

COVER LETTER

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

SUBJECT: The Kids with Cancer Holiday Party, 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: Guillermo A. Ruiz, Esq.
Name (Printed or typed)

2901 5th Avenue North
Address

St. Petersburg, Florida 33713
City, State & Zip

6100 Augustine Boulevard
Phone number

nhaglund@seminolelake.net
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)

ARTICLE I NAME

The name of the corporation shall be:

The Kids with Cancer Holiday Party, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6100 Augusta Boulevard

Seminole, Florida 33777

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Promote and sponsor events that will raise funds to benefit children with cancer

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

Annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Stillwell

Address: President/Director

6100 Augusta Boulevard

Seminole, Florida 33777

Name and Title: _____

Address: _____

Name and Title: Norman Haglund

Address: Secretary/Treasurer/Director

6100 Augusta Boulevard

Seminole, Florida 33777

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: Norman Haglund

Address: 6100 Augusta Boulevard

Seminole, Florida 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guillermo A. Ruiz, Esq.

Address: 2901 5th Avenue North

St. Petersburg, Florida 33713

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

June 18, 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.

Required Signature of Incorporator

June 18, 2012

Date

FILED
12 JUN 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA