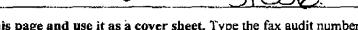
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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(((H12000176330 3)))



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Division of Corporations

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Account Name : EMPIRE CORPORATE KIT COMPANY

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FLORIDA PROFIT/NON PROFIT CORPORATION TYLER WRIGHT CARING FOUNDATION, INC.

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7/6/2012

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July 18, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: TYLER WRIGHT CARING FOUNDATION, INC.

REF: W12000038069

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Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H12000176330 Letter Number: 512A00019095

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9696889908 74:44 302/81/20

EMPIRE CORP KIT



July 9, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: TYLER WRIGHT CARING FOUNDATION, INC.

REF: W12000036061

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
 Regulatory Specialist II
 New Filing Section

FAX Aud. #: E12000176330 Letter Number: 712A00018298

P.O BOX 6327 - Tallahassee, Florida 32314

H15000140220

ARTICLES OF INCORPORATION

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

FILFA

ARTYCLE I The name of the con	NAME TYLER WRIGHT CARI	NG FOUND	ATION, INC.	12 - JUL	18 AH 10: 53
ARTICLE II	PRINCIPAL OFFICE Principal street address 374 TULANE DRIVE ALTAMONTE SPICES FL 33714	- ·	Mailing :	address, if different is	tree .
ARTICLE III	PURPOSE				
The purpose for wh	ich the corporation is organized is:				
CHARITABLE	FUNDRAISING, HUMANITARIAN				
ARTICLE IV A ARTICLE V	MANNER OF ELECTION The manner in A R C PROVIDED TO R INITIAL OFFICERS AND/OR DIRECTOR	2 1~ 7/	s are elected and ap	pointed: ムミ のF 7	ne Coep.
	e: P/D VERONICA B. HARVEY 374 TULANE DRIVE ALTAMONTE SPRINGS, FL 33714				
Name and Titl Address:	e:VP/D/ MARCIA B, WILLIAMS 1734 LUCKY PENNIE APOKA, FL 32712	Name and Title Address:			•
Name and Titl Address:		Name and Title Address:			
	RECISTERED AGENT da street address (P.O. Box NOT acceptable) of	the registered age	nt is:		
Name: Address:	JOSEPH M. WILLIAMS ESQ 17001 JAMES L. REDMAN PKWY PLANT CITY, FL 33563		, , ,		
	INCORPORATOR	•	·		
Name: Address:	ess of the Incorporator is: VERONICA B. HARVEY-HENRY 374 TULANE DRIVE ALTAMONTE SPRINGS, FL 33714				
Having been named certificate, I am fam	t as registered agent to accept service of proces iliar with and accept the appointment as registere	s for the above . d agent and agre	stated corporation in to act in this capa	at the place designat solty	ted in this
- 4	Required Signature of Registered Agent	-	7-5-	-12	_
	Required Signature of Registered Agent			Date	
I submit this docum	ent and affirm that the facts stated herein are tra State constitutes a third degree felony as provide	ie. I am aware th ed for in s.817.15	iat any faise inform 5, F.S.	nation submitted in a	document
Marve	481 end		7-5-	-12	
	Required Signature of Incorporator		<u></u>	Date	_