

N1200007091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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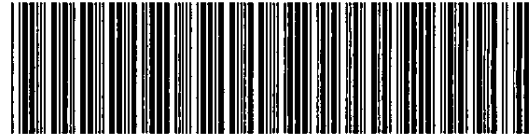
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 20 AM 11:25

Ps 7/23/12

COVER LETTER

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

SUBJECT: Magical Memories 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: Alana Stevens

Name (Printed or typed)

2422 5th Street

Address

St. Cloud, FL 34769

City, State & Zip

407-406-9915

Daytime Telephone number

astevens@magicalmemoriesfoundation.org

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: Magical Memories Foundation Inc.

12 JUL 20 AM 11:25

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2422 5th Street St. Cloud, FL 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Magical Memories Foundation Inc. is organized exclusively for charitable purposes, more specifically to provide children with life-threatening or life-altering illnesses, with an opportunity to have a memory of their choosing created by the corporation. The corporation will also provide essential resources to children and needy families (i.e. food drives, toy drives, supply drive, clothing drives, and ect). The corporation as part of its charitable purposes may also make distributions to other organizations that qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue Code or the corresponding section of any future federal tax code.

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

The directors will be majority elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alana Stevens, Secretary, Treasurer

Name and Title: _____

Address: 2422 5th Street St. Cloud, FL 34769

Address: _____

Name and Title: Jeremy Wood, President, CEO

Name and Title: _____

Address: 2422 5th Street St. Cloud FL, 34769

Address: _____

Name and Title: Linda Jodrey, Vice President

Name and Title: _____

Address: 899 Lakeshore Blvd. Kissimmee, FL 34771

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alana Stevens

Address: 2422 5th Street St. Cloud, FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alana Stevens

Address: 2422 5th Street St. Cloud, FL 34769

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

July 17, 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

July 17, 2012

Date