

N12000007259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

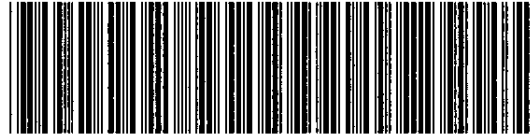
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900237721159

07/25/12--01023--009 \*\*70.00

FILED

12 JUL 25 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPD  
7/26/12

## COVER LETTER

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

SUBJECT: Suzanne Ciani 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: Christopher Rau Ciani  
Name (Printed or typed)

25409 Saddlehorn Way  
Address

Land O Lakes, FL 34639  
City, State & Zip

(813)944-8966  
Telephone number

scbcfoundation@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED

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

12 JUL 25 AM 10:45

**ARTICLE I NAME**

The name of the corporation shall be:

Suzanne Ciani Brain Cancer Foundation Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
25409 Saddlehorn Way  
Land O Lakes, FL 34639

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Suzanne Ciani Brain Cancer Foundation is being setup to raise awareness about all of the different types of brain cancers, to raise money for research, to be there for cancer fighters and their caregivers when they need something or someone and to help bring cancer patients together as a community.

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

Voting

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

Name and Title: Christopher Rau Ciani, President  
Address: 25409 Saddlehorn Way  
Land O Lakes, FL 34639

Name and Title: Tiffany Virginia Ciani, Chairman  
Address: 904 Briarwood Ave  
Tampa, FL 33613

Name and Title: John Anthony Ciani Jr, Chairman  
Address: 904 Briarwood Ave  
Tampa, FL 33613

Name and Title: Nicholas Paul Ciani, Chairman  
Address: 904 Briarwood Ave  
Tampa, FL 33613

Name and Title: Joshua Ryan Ciani, Chairman  
Address: 904 Briarwood Ave  
Tampa, FL 33613

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: Christopher Rau Ciani  
Address: 25409 Saddlehorn Way  
Land O Lakes, FL 34639

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christopher Rau Ciani  
Address: 25409 Saddlehorn Way  
Land O Lakes, FL 34639

*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

7/23/12  
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

7/23/12  
Date