

N120000007327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

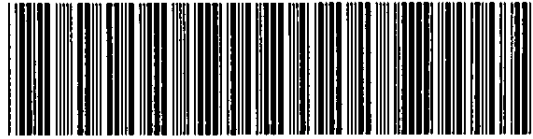
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL 27 PM 1:41
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COVER LETTER

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

SUBJECT: Crafting for Cancer Care, 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: Katharine Lo

Name (Printed or typed)

3780 Lettuce Lane

Address

New Smyrna Beach, FL 32168

City, State & Zip

386-451-6932

3780 Lettuce Lane Telephone number

thatkat2k1@yahoo.com

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

ARTICLE I NAME

The name of the corporation shall be: Crafting for Cancer Care, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
3780 Lettuce Lane
New Smyrna Beach, FL 32168

Mailing address, if different is:
NEW SMYRNA BEACH, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise and distribute funds to assist uninsured cancer patients in Volusia/Flagler County to cover the costs of items not covered under most hospital "catastrophic care" coverage such as vitamins, supplements and OTC medications To Provide needed household support for uninsured cancer patients in Volusia/Flagler county while they are receiving chemotherapy, radiation or surgical treatments.

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

The Corporation shall designate a Board of Directors who shall initially be appointed a majority of the incorporators to serve as Directors until such Director's death, resignation or removal as provided by the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katharine Lo/President
Address: 3780 Lettuce Lane
New Smyrna Beach, FL 32168

Name and Title: Kelly Hoff/Secretary
Address: 178 Brandy Hills Drive
Port Orange, FL 32119

Name and Title: Lauren Lo McDermott/Vice President
Address: 1070 Covington Street
Oviedo, FL 32765

Name and Title: Ashley Patterson Frye/Director
Address: Ashley Patterson Frye/Director
350 Anthony Drive
Port Orange, FL 32127

Name and Title: Darla Dumas/Treasurer
Address: 208 N Brighton Drive
Port Orange, FL 32127

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

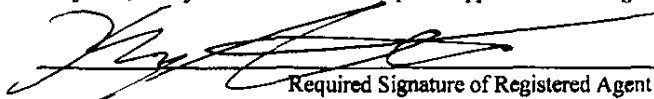
Name: Kyle Lo McDermott
Address: 1070 Covington Street
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

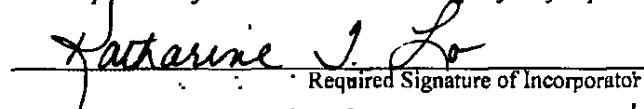
Name: Katharine Lo
Address: 3780 Lettuce Lane
New Smyrna Beach, FL 32168

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

7/20/12
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

7-20-12
Date