

N/2000007571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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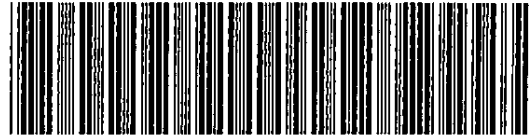
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12 AUG -2 AM 9:09
STONE MOUNTAIN STATE
TALLAHASSEE, FLORIDA

WR-38846

K 08/06/12



RECEIVED
12 AUG -2 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2012

JANNETT SMITH
4754 ALCAZAR WAY SO
ST. PETERSBURG, FL 33712

SUBJECT: SISTAHS SUPPORTING CANCER SURVIVORS
Ref. Number: W12000038846

We have received your document for SISTAHS SUPPORTING CANCER SURVIVORS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 912A00019414

COVER LETTER

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

SUBJECT: SISTAHS SUPPORTING CANCER SURVIVORS, 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: JANNETT SMITH
Name (Printed or typed)

4754 ALCAZAR WAY SO
Address

ST PETERSBURG, FL 33712
City, State & Zip

727-475-0529
4754 Alcazar Way So Telephone number

jannetts@live.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)

ARTICLE I NAME

The name of the corporation shall be:

SISTAHS SUPPORTING CANCER SURVIVORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4754 ALCAZAR WAY SO
ST PETERSBURG, FLORIDA 33712

Mailing address, if different is:

474 ALCAZAR WAYS SO
ST PETERSBURG, FLORIDA 33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SUPPORTIVE SERVICES TO WOMEN WHO ARE SURVIVORS OF CANCER AND
THEIR FAMILIES WITH RESPECT, UNDERSTANDING AND COMPASSION

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

AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROL HILL - P
Address: 540 CARILLON PKWAY #1071
ST PETERSBURG, FL. 33716

Name and Title: CHERRY BAKER - T
Address: 1051 59TH AVE SO
ST PETERSBURG, FL. 33712

Name and Title: JANNETT SMITH - V
Address: 4754 ALCAZAR WAY SO
ST PETERSBURG, FL. 33712

Name and Title: CHRISTINE McCLENDON - T
Address: 5059 39TH AVE SO
ST PETERSBURG, FL. 33711

Name and Title: ELIZABETH PERKINS - S
Address: 2659 26TH AVE SO
ST PETERSBURG, FL. 33712

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: JANNETT SMITH
Address: 4754 ALCAZAR WAY SO
ST PETERSBURG, FL. 33712

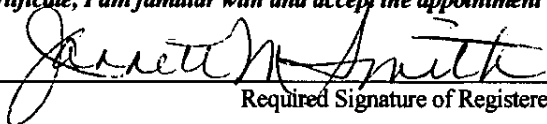
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROL HILL
Address: 540 CARILLON PKWAY #1071
ST PETERSBURG, FL. 33716

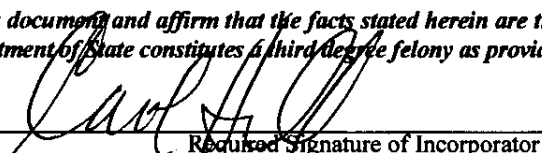
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12 AUG -2 AM 9:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 30, 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 30, 2012
Date