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COVER LETTER

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

SUBJECT: The Cacher's Charity 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 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee, & Certified Copy Certificate of Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED FROM: John Kane Name (Printed or typed) 2902 SW Buena Vista Drive Address Palm City, FL 34990 City, State & Zip 781 760 5956 2902 SVPBruena Vistahoniveumber cacheriohn53@gmail.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)

	PRINCIPAL OFFICE		34 212 3.44 10 200 31
	Principal <u>street</u> address 2902 SW Buena Vista Drive		Mailing address, if different is:
	Palm City, FI 34990		
ARTICLE III	PURPOSE		
To solicite and col Directors of the the majority of its fund	thich the corporation is organized is: lect funds from the public for the purpose of distrible e Company and are consistant with the guidelines is from the profits of a for profit company that will be profit to those people who are buying the goods a	set forth by the Company e selling goods and servi	y. The Company intends to obtain the
ARTICLE IV 4 Directors shall be shall have 2 year ter	MANNER OF ELECTION The manner in appointed (and the Acting Directors removed) before any ms and 2 shall have a one year term. 2 Directors shall be	contributions to the Compa	my are distributed. 2 of the he initial appointed
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		
Name and Ti Address:	itle: John Kane (Acting Director) 2902 SW Buena Vista Drive Palm City, FL 34990	Address:	
Name and Ti Address:	itle:Jelene Dressler (Acting Director) 2902 Sw Buena Vista Drive Palm City, FL 34990	Address:	
Name and Ti Address:	tle:	Address:	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	John Kane	•	2 <i>I</i> All
Address:	2902 SW Buena Vista Drive Palm City, FL 34990		AUG 2
		•	
he name and add	INCORPORATOR Iress of the Incorporator is:		,
Name:	John Kane		<u> </u>
Address:	2902 SW Buena Vista Drive Palm City, FL 34990	•	IO: 36 STATE ORIDA
laving been nam ertificate, I am fai	ed as registered agent to accept service of procesmiliar with and accept the appointment as registere	s for the above stated co ad agent and agree to act	orporation at the place designated in th in this capacity
			8/20/12
	Required Signature of Registered Agent		Date
	ment and affirm that the facts stated herein are tr of State constitutes a third degree felony as provide		false information submitted in a docume
			8/20/12
			OLZULIZ