

# N/2000011903

\_\_\_\_\_  
(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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FILED  
12 DEC 26 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WR-60427

K 12/27/12

EFFECTIVE DATE 01/01/13

## COVER LETTER

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

SUBJECT: Children and Family Immune Deficiency ~~Deficiency~~ **INC**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

↑  
corrected spelling

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: Nelson Andrew Robinson  
Name (Printed or typed)

12221 SR 51  
Address

LIVE OAK FL. 32060  
City, State & Zip

386 365-2218  
Daytime Telephone number

wyw\_sue@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2012

NELSON ANDREW ROBINSON  
12221 SR 51  
LIVE OAK, FL 32060

SUBJECT: CHILDREN AND FAMILY IMMUNE DEFICIENCY FOUNDATION  
Ref. Number: W12000060427

We have received your document for CHILDREN AND FAMILY IMMUNE DEFICIENCY FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I -- (Name of the Corporation).

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.

It appears that the word DEFICENCY in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled DEFICIENCY. If you did not misspell this word intentionally, please correct the spelling to read DEFICIENCY and resubmit the document for processing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 812A00028829

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

**ARTICLE I NAME**

The name of the corporation shall be:

*Children And Family Immune Deficiency Ink*

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

*Nelson Andrew Robinson*  
*12221 SR 51*  
*Live Oak FL 32060*

Mailing address, if different is:

*P.O. Box 1521*  
*Live Oak FL 32064*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To help children and their family who have an immune deficiency with transportation and meal fees while going to and from doctor visit and infusions.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

*appointed*

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

Name and Title: *Nelson A. Robinson*  
Address: *12221 SR 51*  
*Live Oak FL 32060*  
*President*

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: *Tami L Robinson*  
Address: *12221 SR 51*  
*Live Oak FL 32060*  
*Vice President*

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: *Crystal Robinson*  
Address: *9838 CR 49*  
*Live Oak FL 32060*  
*Director of Non Profit*

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: *Nelson A Robinson*  
Address: *12221 SR 51*  
*Live Oak FL 32060*  
*President*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: *Nelson A Robinson*  
Address: *12221 SR 51*  
*Live Oak FL 32060*

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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

*NAR*  
\_\_\_\_\_  
Required Signature of Registered Agent

*11-10-2012*  
\_\_\_\_\_  
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.

*NAR*  
\_\_\_\_\_  
Required Signature of Incorporator

*11-10-2012*  
\_\_\_\_\_  
Date

EFFECTIVE DATE *01/01/13*

# Article VII Effective Date

Effective date of Jan. 01 2013  
for Non-profit: Children and Family  
Immune Deficiency INC.

NA/R

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/13