

N13000003808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

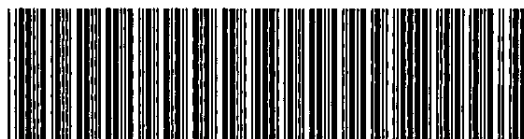
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

513-6429-  
W13000013121



900244078029

03/04/13--01013--005 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 19 PM 3:49

4/22/13

## COVER LETTER

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

SUBJECT: Relief.org 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: Mike Mann  
Name (Printed or typed)

400 S. Ocean Blvd. #5  
Address

Boca Raton, FL 33432  
City, State & Zip

800-252-0015  
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2013

MIKE MANN  
400 S. OCEAN BLVD. #5  
BOCA RATON, FL 33432

SUBJECT: RELIEF.ORG  
Ref. Number: W13000013121

We have received your document for RELIEF.ORG 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 113A00005229

*Here are the  
revised documents  
Thank you!  
Ray*

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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*M - F  
8A - 5P*

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Relief.org Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
400 S. Ocean Blvd. #5

Mailing address, if different is:

Boca Raton, FL 33432

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide information, education, resources  
and volunteer referral to organizations and charitable efforts engaged in  
directly helping the victims of natural disaster throughout the United States  
and around the world.

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

As provided for in the corporate bylaws.

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

Name and Title: Mike Mann - Chairman

Address: 400 S. Ocean Blvd. #5  
Boca Raton, FL 33432

Name and Title: Tiffany Reynolds - Director

Address: 400 S. Ocean Blvd. #5  
Boca Raton, FL 33432

Name and Title: Brian Taff - Director

Address: 400 S. Ocean Blvd. #5  
Boca Raton, FL 33432

Name and Title: Ray Henderson - Director

Address: 11781 Lone Peak Pkwy #100  
Draper, UT 84020

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Mike Mann

Address: 400 S. Ocean Blvd. #5  
Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

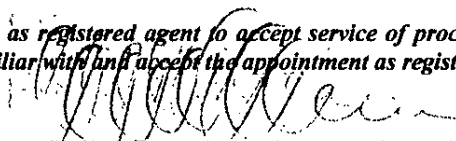
The name and address of the Incorporator is:

Name: Ray Henderson

Address: 11781 Lone Peak Pkwy. #100  
Draper, UT 84020

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*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

02/15/2013

\_\_\_\_\_  
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

02/15/2013

\_\_\_\_\_  
Date