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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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W13-9220

COVER LETTER

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

SUBJECT: Ocala Prostate Cancer Support, 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: Steve Austin

Name (Printed or typed)

19853 SW 5th Place

Address

Dunnellom, FL 34431

City, State & Zip

(352) 489-6993

Daytime Telephone number

austin82647@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 Jessica A. Fason Regulatory Specialist II PO Box 6327 Tallahassee, FL²32314

Steven D. Austin 19853 SW 5th PL. Dunnellon, FL 34431

Subject: OCALA PROSTATE CANCER SUPPORT, INC.

Ref. Number: W14000009220 Letter Number: 014A00003171

Dear Jessica.

I am resubmitting our application based on my verbal conversation with you via phone on March 3, 2014.

You requested (per Section 617.0202(d)) the manner in which our directors are appointed to be included either in our bylaws <u>or</u> a statement. I am including a copy of our bylaws as well as a corrected statement as to our method of election of a director.

..."A new officer/director is elected by a majority vote of the *officers* at a regularly scheduled board meeting." I am additionally enclosing for further clarification a copy of our bylaws.

I appreciate your attention in this matter. If you have any further questions/concerns please don't hesitate to contact me. FYI: Until the letter from you, Peter Mendez has been our designated "Incorporator" for this application. I am not sure what routed it to me. Since this has occurred, however, please continue to contact me regarding this application to eliminate any further confusion.

Regards,

Steven D. Austin Chairman, OPCS

CC: Peter Mendez



February 12, 2014

STEVE AUSTIN 19853 SW 5TH PL DUNNELLOM, FL 34431

SUBJECT: OCALA PROSTATE CANCER SUPPORT, INC.

Ref. Number: W14000009220

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

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 014A00003171

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

	PRINCIPAL OFFICE			
198	Principal street address 853 SW 5th Place		Mailing address, if different is:	
Di	unnellon, FL 34431			
	II PURPOSE the which the corporation is organized is:			
new treatr cancer. W earning a men awar groups. W nealth. So Cancer So	s to the community at large. We nent options from doctors or mede attempt to approach newly diagram treatment options available of the need to be screened for we support, educate and create ociety's "Man to Man" program we have a support as a series of the community of the series of the community of the series of the community of the series of the se	dical profession gnosed prostate to them. We a prostate candical offices repayable awareness.	nals in various fields related te cancer patients to assist also reach out into the commer through church groups or lated to prostate cancer and We were formed when the A Our group was a Man to M	d to prostate them in nunity to make r other men's d prostate merican
opted to to ARTICLE I	orm our own organization to cont W MANNER OF ELECTION The	* *		
Board Me	V INITIAL OFFICERS AND/OR D	MRECTORS		eduled
Name and Ti			Mickey Weller	
	19853 SW 5th Place	Name and Title	Mickey Weller 6417 SW 62nd Ave.	•••
Address	19853 SW 5th Place	Address	6417 SW 62nd Ave.	
Address	19853 SW 5th Place Dunnellon, FL 34431 Chairman/Secretary	Address	6417 SW 62nd Ave. Ocala, FL 34474	
	19853 SW 5th Place Dunnellon, FL 34431 Chairman/Secretary	Address	Ocala, FL 34474 Board Member	TALL)
Name and Ti	19853 SW 5th Place Dunnellon, FL 34431	Address: Name and Title	6417 SW 62nd Ave. Ocala, FL 34474	TALLAHAR I
Name and Ti	19853 SW 5th Place Dunnellon, FL 34431 Chairman/Secretary Peter I. Mendez 5526 NW 80th Ave. Road	Address	Ocala, FL 34474 Board Member	MAR 17
Name and Ti	19853 SW 5th Place Dunnellon, FL 34431 Chairman/Secretary Peter I. Mendez	Address: Name and Title Address:	Ocala, FL 34474 Board Member	MAR 17 PM
Name and Ti Addross	19853 SW 5th Place Dunnellon, FL 34431 Chairman/Secretary Peter I. Mendez 5526 NW 80th Ave. Road Ocala, FL 34482 Vice Chairman/Treasurer	Address Name and Title Address:	Ocala, FL 34474 Board Member	MAR 17 PM
Name and Ti Address Name and Ti	19853 SW 5th Place Dunnellon, FL 34431 Chairman/Secretary Peter I. Mendez 5526 NW 80th Ave. Road Ocala, FL 34482	Address Name and Title Address:	Ocala, FL 34474 Board Member	MAR 17 PH 2: CAPIARY OF SI LAHASSEE FLO
Address	19853 SW 5th Place Dunnellon, FL 34431 Chairman/Secretary Peter I. Mendez 5526 NW 80th Ave. Road Ocala, FL 34482 Vice Chairman/Treasurer Ide: Conrad Massa	Address: Name and Title Address: Name and Title	Ocala, FL 34474 Board Member	MAR 17 PM

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Name and Title		Name and Title:		
Address		Address:		
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N. Lewis				
		Name and Title:		
Address		Address:		
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The name and F	REGISTERED AGENT Clorida street address (P.O. Box NOT Steve Austin	acceptable) of the registered	i agent is:	S 7
	19853 SW 5th P	ace		HAR T
Address:	Dunnellon, FL 34		H 30	R I
	Dannonon, 1 2 0		C)	PO IT
ARTICLE VII	INCORPORATOR			PM 2: 05
The name and a	ddress of the Incorporator is:			: OS
Name:	Peter I. Mendez		÷	> 111
Address:	5526 NW 80th Ave. F	Road		
	Ocala, FL 34482	<u> </u>		
Having been na certificate, I am	imed as registered agent to accept se familial with and accept the appointm	rvice of process for the abo nent all registered agent and	we stated corporation at the plagree to act in this canacity	lace designated
	Lin of			12011
	Required Signature of Regi	stered Agent	-/ 30 D	12014 ate
I submit this doc	cument and affirm that the facts state	d herein are true. I am awar	e that any false information su	bmitted in a doc
I submit this doc	cument and affirm that the facts state nt of State constitutes a third degree f	d herein are true. I am awar	re that any false information su 7.155, F.S.	bmitted in a doc