

NI40U2003778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

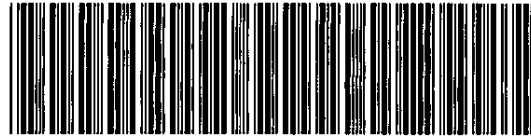
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **Florida Advocate Cancer Foundation 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: **Rena Day President**  
Name (Printed or typed)

**3001 SE Lake Weir Avenue #1105**  
Address

**Ocala, Florida 34471**  
City, State & Zip

**305-495-6649**  
Daytime Telephone number

**donate@myflcancer.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: Florida Advocate Cancer Foundation Inc.

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
3001 SE Lake Weir Avenue #1105

Mailing address, if different is:  
N/A

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: The Corporation is formed and organized for the purpose of and is to be operated exclusively for charitable, educational purposes to raise cancer awareness, financial assistance for newly diagnosed patients with cancer and to provide encouragement and support to those affected by various forms of cancer. Furthermore, the Corporation will engage in organizing fundraising events throughout the calendar year that involve the community in support of the fight against cancer.

**ARTICLE IV      MANNER OF ELECTION** The manner in which the directors are elected and appointed: The  
business and affairs of the Corporation shall be managed by its Board of Directors.

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

Name and Title: Rena Day President  
Address: 3001 SE Lake Weir Ave  
#1105  
Ocala, Fl 34471

Name and Title: Jarnesha Cunningham CFO  
Address: 3001 SE Lake Weir Ave  
#1105  
Ocala, Fl 34471

Name and Title: Jarvas Maxwell Secretary  
Address: 3001 SE Lake Weir Ave  
#1105  
Ocala, Fl 34471

Name and Title: Darnell Headings Fundraising  
Address: 3001 SE Lake Weir Ave  
#1105  
Ocala, Fl 34471

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

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

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SECRETARY OF STATE  
FLORIDA

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

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Rena Day President

Address: 3001 SE Lake Weir Avenue #1105

Ocala, FL 34471

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rena Day President

Address: 3001 SE Lake Weir Avenue #1105

Ocala, FL 34471

*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

04/08/2014

\_\_\_\_\_  
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

04/08/2014

\_\_\_\_\_  
Date