

N14000004869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

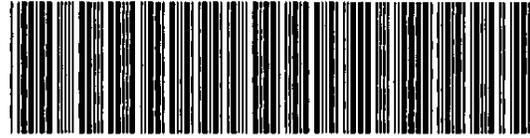
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/14--01016--014 **78.75

FILED
14 MAY 14 AM 7:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-24221

COVER LETTER

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

SUBJECT: Alachua County Prostate Cancer Alliance, 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: Braxton Linton Sr.
Name (Printed or typed)

5707 SE CR 234
Address

Gainesville FL 32601
City, State & Zip

352-372-6005 -H
Daytime Telephone number

352-278-3393 -C

braxton.linton@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

April 16, 2014

BRAXTON LINTON
5707 SE CR 234
GAINESVILLE, FL 32601

SUBJECT: ALACHUA COUNTY PROSTATE CANCER ALLIANCE, INC
Ref. Number: W14000024221

REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

14 MAY 14 PM 3:33

RECEIVED

We have received your document for ALACHUA COUNTY PROSTATE CANCER ALLIANCE, 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: 914A00008201

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

ARTICLE I NAME

The name of the corporation shall be: Alachua County Prostate Cancer Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

University Health Street - Same -
2401 S.W. Archer Rd.
Gainesville, FL 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to maintain a dedicated group of volunteers acting as prostate cancer support mentors. These individuals will continually seek updated knowledge on prostate, as well as, other cancers. We will conduct monthly meetings in which new patients and survivors alike will be given support, awareness and education through a network of guest speakers and round table discussions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: All officers were elected by voice vote at an organizational meeting held on March 24th. Each candidate listed was received by majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Braxton Linton Sr. Name and Title: President

Address: 5707 S.E. C.R. 234 Address: _____
Gainesville, FL 3

Name and Title: Samuel W. Gaddy Name and Title: Vice-President

Address: 3010 N.W. 170th St. Address: _____
Newberry, FL 32669

Name and Title: Roger King Name and Title: Secretary

Address: 2212 N.W. 170th St. Address: _____
Newberry, FL 32669

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TALLAHASSEE FLORIDA

Name and Title: Kenneth Stokes Name and Title: Asst. Secretary
Address: 1505 NE 45th Place Address: _____
Gainesville, FL 32609 _____

Name and Title: Charles Cooper Name and Title: Treasurer
Address: 1215 S.E. 12th Place Address: _____
Gainesville, FL 32641 _____

ARTICLE VI REGISTERED AGENT

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

Name: Samuel W. Gaddy
Address: 3010 N.W. 170th St.
Newberry, FL 32669

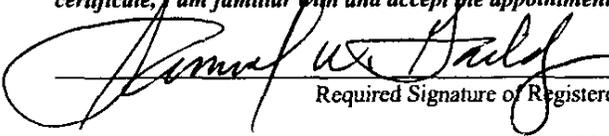
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

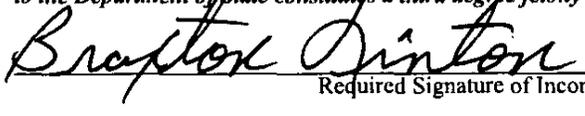
Name: Braxton Linton, Sr.
Address: 5707 S.E. C.R. 234
Gainesville, FL 32601

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

4/8/14
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

4/8/14
Date