

N15000002338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

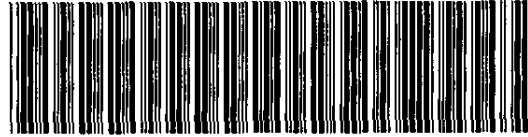
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: **20th Century Archives, 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: **Drew Cummings**

Name (Printed or typed)

**11120 Heron Bay Blvd. , Suite 115**

Address

**Coral Springs, FL 33076**

City, State & Zip

**954-840-6900**

Daytime Telephone number

**dcummings@20thcentury.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: 20th Century Archives, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

5645 Coral Ridge Drive, #277

Coral Springs, Fl 33076

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Receive money donations for the research, study and  
cure of chronic obstructive pulmonary disease (COPD)

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: by President

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

Name and Title: Drew Cummings - President

Address 11120 Heron Bay Blvd.

Suite 115

Coral Springs, Fl 33076

Name and Title: Andrew Lutz - Director

Address: 11120 Heron Bay Blvd.

Suite 115

Coral Springs, Fl 33076

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

Address \_\_\_\_\_

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

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

Name and Title: Tammy Lutz-Cummings - Director

Address 11120 Heron Bay Blvd.

Suite 115

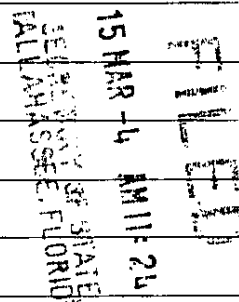
Coral Springs, Fl 33076

Name and Title: Tony Cacioppo - Director

Address: 11120 Heron Bay Blvd.

Suite 115

Coral Springs, Fl 33076



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: Drew Cummings

Address: 11120 Heron Bay Blvd., Suite 115  
Coral Springs, FL 33076

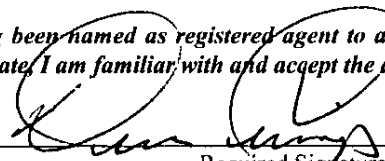
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Drew Cummings

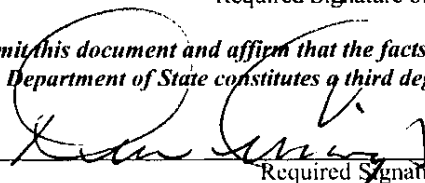
Address: 11120 Heron Bay Blvd., Suite 115  
Coral Springs, FL 33076

*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

3/1/15  
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

3/1/15  
Date