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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 APR - 6 PM 12:36

*h* 04/09/15

## COVER LETTER

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

SUBJECT: **THE THELMA 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: **VIVIAN MALLOY**

Name (Printed or typed)

**2049 MARTIN LUTHER KING BLVD**

Address

**MIDWAY, FLORDIA 32343**

City, State & Zip

**347- 599-8113**

Daytime Telephone number

**VIVIAN.WLCHER@YAHOO.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: THE THELMA FOUNDTION INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

2049 MARTIN LUTHER KING BLVD

MIDWAY FLORDIA

32343

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

TO PROVIDE SERVICE TO THE FAMILIES OF INDIVIDUAL WHO SUFFER FROM ALZEHIMER AND DEMENTIA

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

ALL DIRECTORS WILL BE APPOINTED BY PRESIDENT

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

Name and Title: VIVIAN MALLOY PRESIDENT

Address: 2049 MARTIN LUTHER KING BLVD

MIDWAY FLORDIA 32343

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

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

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 APR -6 PM12:36

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

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

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\_\_\_\_\_

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: VIVAN MALLOY

Address: 2049 MARTIN LUTHER KING BLVD  
MIDWAY FLORIDA 32343

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VIVIAN MALLOY

Address: 2049 MARTIN LUTHER KING BLD  
MIDWAY FLORIDA 32343

*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*

Vivian Malloy  
Required Signature of Registered Agent

04-1-15  
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.*

Vivian Malloy  
Required Signature of Incorporator

04-1-15  
Date

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