

N/5000007908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

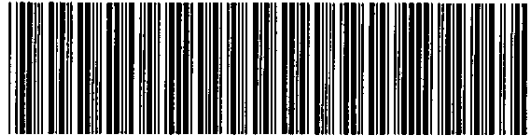
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 AUG 10 AM 10:39

08/14/15

COVER LETTER

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

SUBJECT: Crazy for a Cause Charity Fund, 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: Heather Foster

Name (Printed or typed)

640 Bayway Blvd #104

Address

Clearwater Beach, FL 33767

City, State & Zip

Daytime Telephone number

heatherfoster@iquest.net

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: Crazy for A Cause Charity Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

640 Bayway Blvd # 104

Clearwater Beach, FL 33767

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The organization is formed to include, but is not limited, to raise funds for the Leukemia and Lymphoma Society by participating in Team-In-Training, endurance events, and holding golf outings and other fund raising events for the LLS and any other IRS approved non-profit organizations as approved by the Board of Directors.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annual Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heather Foster, President

Address: 640 BayWay Blvd #104

Clearwater Beach FL 33767

Name and Title: _____

Address: _____

Name and Title: Scott Foster, Vice President

Address: 640 BayWay Blvd #104

Clearwater Beach FL 33767

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
15 AUG 10 AM 10:39

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: Heather Foster

Address: 640 Bayway Blvd #104
Clearwater Beach FL 33767

ARTICLE VII INCORPORATOR

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

Name: Heather Foster

Address: 640 Bayway Blvd #104
Clearwater Beach FL 33767

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Heather Foster

Required Signature of Registered Agent

Aug 5, 2015
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.

Heather Foster

Required Signature of Incorporator

Aug 5, 2015
Date

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