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\_\_\_\_\_  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT 12 PM 1:41

OCT 19 2015

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**COVER LETTER**

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

**SUBJECT:** The Dodd 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:** Robert Dodd

Name (Printed or typed)

1200 4th St. #109

Address

Key West, FL 33040

City, State & Zip

305-619-1382

Daytime Telephone number

thedoddfoundation@gmail.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 Dodd Foundation, Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

1200 4th St. #109

Mailing address, if different is:

Key West, FL 33040

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Our goal is to help people in need of dentist work immediately due to an emergency by providing them with funds to cover the procedure that they would otherwise not be able to afford.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

As set forth in the bylaws

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

Name and Title: Robert Dodd, President/Director

Address: 1200 4th St. #109  
Key West, FL 33040

Name and Title: James Mantell, Treasurer/Director

Address: 1400 Kennedy Dr. #417  
Key West, FL 33040

Name and Title: Dean Runkle Secretary/Director

Address: 1618 Treusdell Court  
Key West, FL 33040

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

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

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

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

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

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

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: Robert Dodd

Address: 1200 4th St. #109

Key West, FL 33040

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**ARTICLE VII INCORPORATOR**

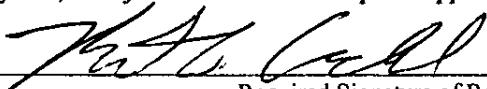
The name and address of the Incorporator is:

Name: Robert Dodd

Address: 1200 4th St. #109

Key West, FL 33040

*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*

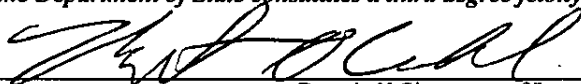


Required Signature of Registered Agent

10-08-15

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

10-08-15

Date