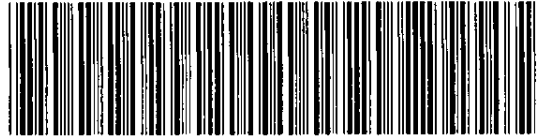


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cancer Speaks 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: Dorothy Landers
Name (Printed or typed)

661 Floral Street
Address

Tallahassee FL 32310
City, State & Zip

850-933-5778
Daytime Telephone number

bstgymnsteve@aol.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: Cancer Speaks Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 661 Floral Street Mailing address, if different is: 1101 Missionwood Ln
Tallahassee FL Tallahassee FL
32310 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO help Cancer patients
get care taking, medicine, housing and
transportation. To also assist other
people that are ill that are in need
of resources such as utility bills and
other needed request dealing with health
and mental assistance. Services would include
in patient and out patient therapy help and other resources.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

provided in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dorothy Landers Name and Title: President
Address: _____ Address: 661 Floral St
Tallahassee FL
32304
Name and Title: Margaret Franklin Name and Title: Vice President
Address: _____ Address: 1101 Missionwood Ln
Tallahassee FL
32304
Name and Title: Riley Landers Name and Title: Secretary/Treasury
Address: _____ Address: 661 Floral St
Tallahassee FL
32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 15 PM 2: 29

APPROVED
AND
FILED

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: Margaret Franklin
Address: 1101 Missionwood Ln
Tallahassee FL
32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 15 PM 12:29

APPROVED
AND
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret Franklin
Address: 1101 Missionwood Ln
Tallahassee FL
32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-15-2016 (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

Margaret Franklin
Required Signature of Registered Agent

4-15-2016
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.

Margaret Franklin
Required Signature of Incorporator

4-15-2016
Date