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(Requestor's Name)

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(Address)

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SECRETARY OF STATE  
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  
Tallahassee FL  
32310

Mailing address, if different is:

1101 Missionwood Ln  
Tallahassee FL  
32304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO help Cancer patients  
get care takes, 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 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

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AND  
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**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