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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

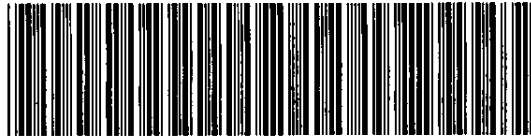
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file date 5/10/16

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16 MAY 10 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/14



OBJECT LEGAL INCORPORATED  
5850 GRANITE PARKWAY, SUITE 215  
PLANO TX 75024  
TEL: 844-386-0178  
FAX: 214-317-4754  
EMAIL: zoe@legalinc.com

**DOCUMENT FILING REQUEST LETTER**

Date Mailed: 5/5/2016

From: Zoe Dickson

To: Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ATTN: Document Filing Division

Name of Company: **Cauda Equina Foundation, Inc.**

Please file the attached formation documents, and return the following:

[ 1 ] <sup>Plain</sup> ~~Certified~~ Copy of the filed documents

**\*\*Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above\*\***

**PLEASE RETURN FILED DOUCMENTS TO :  
OBJECT LEGAL INCORPORATED  
5850 GRANITE PARKWAY, SUITE 215  
PLANO TX 75024**

## COVER LETTER

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

**SUBJECT:** Cauda Equina 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:** Nancy Luna  
\_\_\_\_\_  
Name (Printed or typed)

5850 Granite Parkway, Suite 215  
\_\_\_\_\_  
Address

Plano, TX 75024  
\_\_\_\_\_  
City, State & Zip

844-386-0178  
\_\_\_\_\_  
Daytime Telephone number

amanda@caudaequinafoundation.org

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)

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**ARTICLE I NAME**

The name of the corporation shall be: Cauda Equina Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

410 E. Orchid Way

Howey in the Hills, Florida 34737

Mailing address, if different is:

P.O. Box 381

Howey in the Hills, Florida 34737

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

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

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes,

the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue

Code, or the corresponding section of any future federal tax code.

**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: Amanda Proctor, Director

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

Address: 410 E. Orchid Way

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

Howey in the Hills, FL, 34737

Name and Title: Rochelle Sansotta, Director

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

Address: 2503 River Ridge Dr.

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

Orlando, FL 32825

Name and Title: Malerie Murphy, Director

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

Address: 2508 Depauw Avenue

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

Orlando, FL 32608

**Attachment to Articles of Incorporation**  
**For**  
**Cauda Equina Foundation, Inc.**

**Additional Provisions:**

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the articles hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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

Address \_\_\_\_\_ Address: \_\_\_\_\_ **FILED**

**16 MAY 10 PM 1:44**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

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: Amanda Proctor

Address: 410 E. Orchid Way

Howey in the Hills, FL 34737

**ARTICLE VII INCORPORATOR**

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

Name: Amanda Proctor

Address: 410 E. Orchid Way

Howey in the Hills, FL 34737

**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*

Amanda Proctor

Required Signature of Registered Agent

5/5/2016

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.*

Amanda Proctor

Required Signature of Incorporator

5/5/2016

Date