

N16000005843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

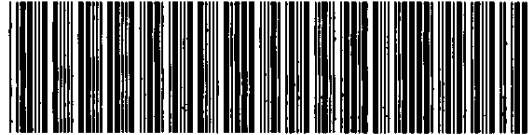
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: THE RORON 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: RONALD M. SIMONS
Name (Printed or typed)
6180 NW 23rd WAY
Address
BOCA RATON, FL 33496
City, State & Zip
914-523-5644
Daytime Telephone number

ncooperandcompany@netzero.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: THE RORON FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6180 NW 23rd WAY

BOCA RATON, FL 33496

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR
CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING 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: IS PROVIDED
IN THE BYLAWS OF THE CORPORATION.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RONALD M. SIMONS, PRESIDENT

Address: 6180 NW 23rd WAY

BOCA RATON, FL 33496

Name and Title: _____

Address: _____

Name and Title: ROBERTA SIMONS, V. PRESIDENT

Address: 6180 NW 23rd WAY

BOCA RATON, FL 33496

Name and Title: _____

Address: _____

Name and Title: ROBERT HANDEL, SECRETARY

Address: 8 GLEN LANE

WESTON, CT 06883

Name and Title: _____

Address: _____

16 JUN -6 PM 2:31

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: RONALD M. SIMONS
Address: 6180 NW 23rd WAY
BOCA RATON, FL 33496

ARTICLE VII INCORPORATOR

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

Name: RONALD M. SIMONS
Address: 6180 NW 23rd WAY
BOCA RATON, FL 33496

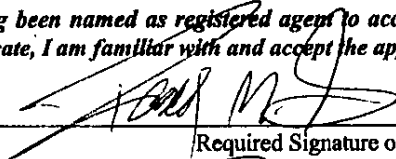
ARTICLE VIII EFFECTIVE DATE:

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

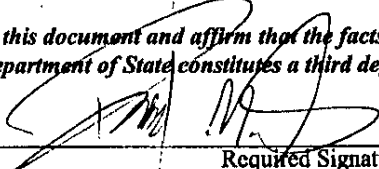


Required Signature of Registered Agent

6/2/16

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

6/2/16

Date