

N16000008213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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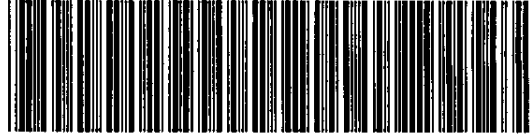
(Business Entity Name)

(Document Number)

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16 AUG 15 AM 10:48
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

8/22/16

COVER LETTER

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

SUBJECT: My Basket of Hope 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: Doris Randall
Name (Printed or typed)

6620 NW 21st Court
Address

Sunrise FL 33313.
City, State & Zip

954 214-3215
Daytime Telephone number

dmrbrown26@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: My Basket of Hope Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6620 NW 21st Court

P.O. Box 15596

Sunrise FL 33313

Plantation FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: My Basket of Hope Inc. is organized solely for charitable purposes within the meaning of the IRS Code sec 501(c)(3), namely To help and support to those affected by cancer who are located in South Florida and elsewhere by providing free care packages containing must-have items needed to physically manage daily life. This organization will implement a program of information gathering, coordinating with treatment facilities, and personal visitations. Visits by the organization's personnel will offer admiration, compassion, faith and hope for every individual struggling with cancer, locally or globally. In the event of organization's dissolution the Directors will, after clearing all debts, distribute all remaining assets to other 501(c)(3) recognized charitable organizations with similar purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia Addison Director/Chair

Address: 241 N 71st Terrace
Hollywood FL 33024

Name and Title: Beverly Wright Cuyler Director

Address: 7970 Hampton Blvd Apt 214
North Lauderdale, FL 33068

Name and Title: Tosca Williams Director

Address: 6205 NW 26th Court
Sunrise FL 33313

Name and Title: Doris Randall President/Treasurer

Address: 6620 NW 21st Court
Sunrise FL 33313

Name and Title: Sandra Williams Director

Address: 1406 NW 11th Court
Fort Lauderdale 33311

Name and Title: _____

Address: _____

16 AUG 15 AM 10:48
SECTION OF STATE
TALLAHASSEE, FLORIDA

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: Doris Randall

Address: 6620 NW 21st Court

Sunrise FL 33313

16 AUG 15 AM 10:40
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doris Randall

Address: 6620 NW 21st Court

Sunrise FL 33313

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

Doris Randall

Required Signature of Registered Agent

08/08/16
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.

Doris Randall

Required Signature of Incorporator

08/08/16
Date