

N16000011114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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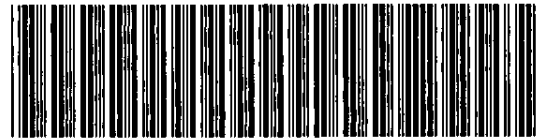
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 NOV 17 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Smoking Cessation Coalition, 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: Hampton Legal Services LLC

Name (Printed or typed)

1128 Royal Palm Beach Blvd, #389

Address

Royal Palm Beach, FL 33411

City, State & Zip

561.329.1952

Daytime Telephone number

Lynne@HamptonLegalServices.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: SMOKING CESSATION COALITION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5510 SW 54th Street

Davie, Florida 33314

Mailing address, if different is _____

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized for exempt purposes under IRC

Section 501(c)(7), including providing a facility for gathering for recreation, support, education, fellowship, and social activities
for its members in accordance with its vision and mission.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: According to Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald C. Oakes, President

Address: 5510 SW 54th Street
Davie, Florida 33314

Name and Title: Tina M. Garcia, VP

Address: 5510 SW 54th Street
Davie, Florida 33314

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Hampton Legal Services LLC
Address: 1128 Royal Palm Beach Blvd, Suite 389
Royal Palm Beach, FL 33411

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hampton Legal Services LLC
Address: 1128 Royal Palm Beach Blvd, Suite 389
Royal Palm Beach, FL 33411

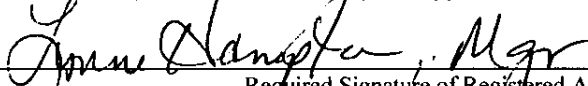
ARTICLE VIII EFFECTIVE DATE:

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

November 16, 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.


Required Signature of Incorporator

November 16, 2016
Date