

N17000006357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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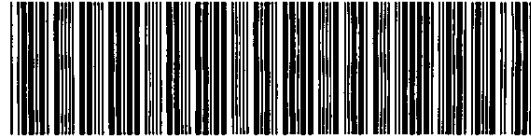
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/17--01004--019 **78.75

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17 MAY 16 PM 2:46
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MASSACHUSETTS

06/19/17

COVER LETTER

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

SUBJECT: Instant Relief Connection, 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: Augusta Malacarne

Name (Printed or typed)

18011 South Tamiami Trail Suite 16

Address

Fort Myers, FL 33908

City, State & Zip

(786) 390-7853

Daytime Telephone number

augusta_malacarne@yahoo.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: Instant Relief Connection, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

18011 South Tamiami Trail Suite 16

Fort Myers, FL 33908

Mailing address, if different is:

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CLERK OF COUNTY
OF ALACHUA FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Immediate assistance to those in need and connection to those in need with agencies which can render longer term assistance.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes,
including for such purposes, the making of distributions to organizations that qualify as an exempt
organization 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: Augusta Malacarne, President, Director

Address: 18011 South Tamiami Trail Suite 16
Fort Myers, FL 33908

Name and Title: _____

Address: _____

Name and Title: Robert Hartman Loseto, Director

Address: 541 Cultural Park Blvd.
Cape Coral, Florida 33990

Name and Title: _____

Address: _____

Name and Title: Milind Shah, Director

Address: 41 Watchung Avenue
Montclair, NJ 07043

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: Augusta Malacarne
Address: 18011 South Tamiami Trail Suite 16
Fort Myers, FL 33908

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 16 PM 2:46


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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Augusta Malacarne
Address: 18011 South Tamiami Trail Suite 16
Fort Myers, FL 33908

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

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

06 - 19 - 2017
Date