

U18000003791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

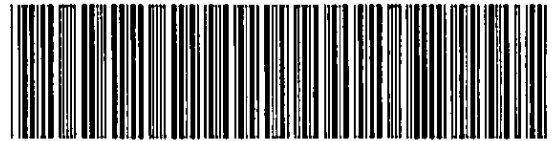
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 APR -2 PM 1:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Friends of Kids with Cancer 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: Maria Kira Machado de Viète
Name (Printed or typed)

1111 West Cypress Dr.
Address

Pompano Beach, FL 33069
City, State & Zip

954-940-0515
Daytime Telephone number

robyn@bhinvestments.us
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: Friends of Kids with Cancer Foundation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1111 West Cypress Dr.

Pompano Beach FL 33069

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Friends of Kids with Cancer Foundation, Inc is organized exclusively for
charitable purposes within the meaning of the IRS Code sec 501(c)(3), namely: To provide assistance and relief to children suffering
from cancer and their families, in Florida and elsewhere around the world by sponsoring medical treatments, human services,
counseling, inspirational events, religious activities, housing or temporary lodgings, medicine, food and anything deemed by the
directors or officers to be helpful to young cancer patients and their families. This organization will intervene when needed
by providing direct cash grants to avert crises and facilitate rehabilitation. In the event of its dissolution the directors will, after
clearing all debts, distribute all remaining assets to other 501(c)(3) recognized charitable organizations with similar goals.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Kira Machado de Vieta Dir/Pres

Address: 1111 West Cypress Dr

Pompano Beach FL 33069

Name and Title: _____

Address: _____

Name and Title: Dr. Moises Roizental Director

Address: 3300 NE 188 St Apt 418

Aventura FL 33180

Name and Title: _____

Address: _____

Name and Title: Marisabel Tamayo Director

Address: 3430 Saddlebrook Lane

Weston FL 33331

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR -2 PM 1:34

001100

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: Maria Kira Machado de Viète
Address: 1111 West Cypress Dr
Pompano Beach FL 33069

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 APR -2 PM 1:34

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Kira Machado de Viète
Address: 1111 West Cypress Dr
Pompano Beach FL 33069

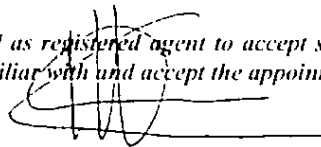
ARTICLE VIII EFFECTIVE DATE:

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.

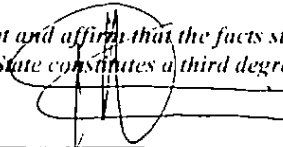
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

03/29/18
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

03/29/18
Date