

718050012838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

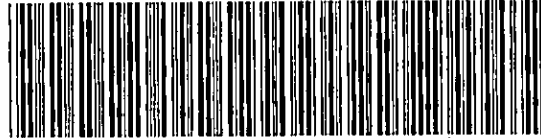
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COVER LETTER

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

SUBJECT: World Children Cancer Research Center 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: AK JONATHAN LARSEN
Name (Printed or typed)

8140 S.W. 11TH ST
Address

NORTH LAUDERDALE, FLA. 33068
City, State & Zip

954-336-6257
Daytime Telephone number

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:

World Children Cancer Research Center
Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

WORLD CHILDREN CANCER RESEARCH CENTER INC

8140 S.W. 11th St

NORTH LAUDERDALE FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Open up a Lab /

Center To Cure Cancer.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Appointed

inted President JONATHAN M. Harden

Name and Title:

Address

8140 S.W. 11th St

North Lauderdale

FL 33068

Name and Title:

VICE PRESIDENT BRIDJEE NICOLELLA

Address:

9580 SUNRISE LAKES

SUNRISE FL 33322

nted Name and Title: Director Dean Alexander

Address

8140 S.W. 11th St

North Lauderdale

FL 33068

Name and Title:

Name and Title:

Address

Name and Title:

Address:

2018 DEC 10 AM 7:58

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: JONATHAN HARDEN

Address: 8140 S.W. 11th ST
North Lauderdale FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JONATHAN HARDEN

Address: 8140 S.W. 11th ST

North Lauderdale FL 33068

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Jonathan Harden

Required Signature of Registered Agent

1-1-19

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.

Jonathan Harden

Required Signature of Incorporator

1-1-19

Date