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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

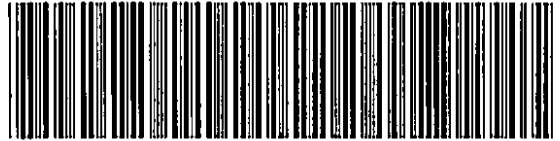
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/20--01016--015 **78.75

FILED
2020 JUN 23 PM 12:50
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Raj Rajan Charitable 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: C. Ted French
Name (Printed or typed)

2033 Main Street, Suite 404
Address

Sarasota, FL 34237
City, State & Zip

941-955-0908
Daytime Telephone number

ted@tedfrench.org
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Raj Rajan Charitable Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2033 Main Street
Suite 404
Sarasota, FL 34237

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To make charitable contributions to worthwhile causes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raj Rajan, President Name and Title: _____

Address: 905 Riviera Dunes Way Address: _____
Palmetto, FL 34221

Name and Title: Raj Rajan, Secretary Name and Title: _____

Address: 905 Riviera Dunes Way Address: _____
Palmetto, FL 34221

Name and Title: Raj Rajan, Treasurer Name and Title: _____

Address: 905 Riviera Dunes Way Address: _____
Palmetto, FL 34221

CLERK OF STATE
TALLAHASSEE, FL

2020 JUN 23 PM 12:50

JUN 23 2020

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: C. Ted French
Address: 2033 Main Street, Suite 404
Sarasota, FL 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raj Rajan
Address: 905 Riviera Dunes Way
Palmetto, FL 34221

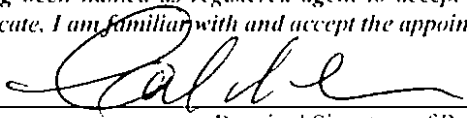
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/15/2020. (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.)

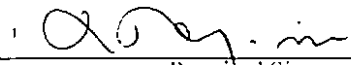
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

6-10-20
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

6-10-2020
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL