

N20 000 008168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

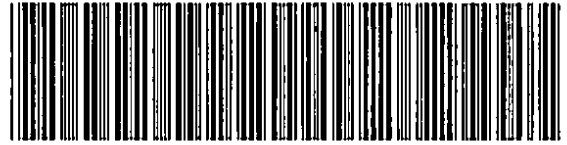
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300347758973

07/08/20 -01012 010 \$418.75

2020 JUL -8 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: Malachi's Miracle 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: Hannah Radacz

Name (Printed or typed)

1221 Shallowford Drive West

Address

Jacksonville, Florida 32225

City, State & Zip

(904)718-3768

Daytime Telephone number

Hannah.radacz@gmail.com

E-mail address: (to be used for future annual report notification)

2020 JUL -8 AM 9:42
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

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: Malachi's Miracle Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
8369 Watermill Blvd.

Jacksonville, Florida 32244

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Malachi's Miracle Foundation Inc. is a corporation whose focus is to support families who receive a kidney diagnosis during pregnancy or infancy. Our website offers facts, information & guidance regarding the many childhood kidney diseases. The corporation assists in locating & utilizing the resources needed for further diagnostic testing & treatment. We help find the specialists that families will need during their journey. We aim to aid families who require financial assistance for testing and/or procedures. We offer guidance for coping with the mental aspects regarding these diagnoses. Our goal is to fund research for kidney diseases & treatment options. We also use fundraising, events & social media to bring about awareness of kidney diseases and disorders.

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

at monthly meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hannah Radacz, Executive Director

Address: 1221 Shallowford Drive West
Jacksonville, Florida 32225

Name and Title: Lindsay Gruschow, Creative Director

Address: 31 Rocky Bay Lane
Senoia, Georgia 30276

Name and Title: Matthew Radacz, Treasurer

Address: 1221 Shallowford Drive West
Jacksonville, Florida 32225

Name and Title: Karley Wilson, Secretary

Address: 7003 Wingate Way
Atlanta, Georgia 30350

Name and Title: Julia Claire Sullivan, Associate Director

Address: 8369 Watermill Blvd.
Jacksonville, Florida 32244

Name and Title: _____

Address: _____

2020 JUL - 8 AM 9:42
TALLAHASSEE, FL

FILED

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: Julia Claire Sullivan

Address: 8369 Watermill Blvd.
Jacksonville, Florida 32244

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hannah Radacz

Address: 1221 Shallowford Drive West
Jacksonville, Florida 32225

FILED
2020 JUL -8 AM 9:42
TALLAHASSEE, FL
STATE DEPT OF STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/06/2020. (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.)

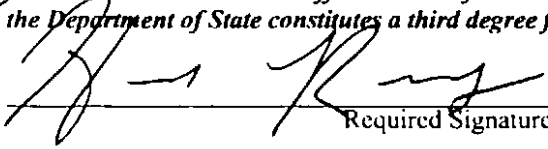
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/06/2020
Date

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

07/06/2020
Date