

12/11/2020
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P.001/003

Division of Corporations

Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
Caring Friends Cancer Support Group Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Caring Friends Cancer Support Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
5912 Shore Acres Drive

Bradenton, FL 34209

Mailing address, if different is:
5912 Shore Acres Drive

Bradenton, FL 34209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a weekly cancer support group for both patients and the families.

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

The directors are elected as set forth in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Cornelius Turalba, M.D., Director

Address: 5912 Shore Acres Drive
Bradenton, FL 34209

Name and Title: Evelyn Turalba, Director

Address: 5912 Shore Acres Drive
Bradenton, FL 34209

Name and Title: Winifred Schroeder, Director

Address: 5912 Shore Acres Drive
Bradenton, FL 34209

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Cornelius Turalba, M.D.Address: 5912 Shore Acres Drive
Bradenton, FL 34209**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Cornelius Turalba, M.D.Address: 5912 Shore Acres Drive
Bradenton, FL 34209**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 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*Cornelius J.C. Turalba, M.D.
Required Signature of Registered Agent12/10/2020
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.*Cornelius J.C. Turalba, M.D.
Required Signature of Incorporator12/10/2020
Date