N21000012081

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (ÀddA) | ress) | |
| City | /State/Zip/Phone | #/ |
| (City) | State/Zip/Filone | #) |
| PICK-UP | WAIT | MAIL |
| (Rusi | iness Entity Nam | e) |
| (503) | mess Emily Nam | c) |
| (Doc | ument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| , | | |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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THE SECTION OF STATE

221 OCT 13 PH 12: 3

September 21, 2021

BARBARA MANCUSO 12930 LEATRICE DR CLERMONT, FL 34715

SUBJECT: KAMBAALA MEDICAL MISSION, INC

Ref. Number: W21000127118

We have received your document for KAMBAALA MEDICAL MISSION, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the spelling of the city in Article II. and Article V the name of Vangie De La Concha the title is cut off.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 221A00022783

Neysa Culligan Regulatory Specialist III

- ·

COVER LETTER

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

| SUBJECT: KAMBAAL. | A MEDICAL MISSION | | |
|---------------------------|--|--------------------------------------|---|
| John Co. | (PROPOSED CORPO | RATE NAME – <u>MUST INC</u> | CLUDE SUFFIX) |
| Enclosed is an original a | ind one (1) copy of the Arti | eles 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: | BARBARA MANCUSO Nam 12930 LEATRICE DR. CLERMONT, FL 34715 | e (Printed or typed) Address | - |

407-497-0219

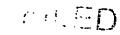
babszgirl@aol.com

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

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

City, State & Zip

Daytime Telephone number



ARTICLES OF INCORPORATION

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

2021 OUT 13 PM 12: 37

| ARTICLE I NAME The name of the corporation shall be: KAMBAALA M | EDICAL MISSION, I | NO SEER STA |
|--|-------------------------------------|--|
| ARTICLE II PRINCIPAL OFFICE | | THE TOP SEE, FL |
| Principal <u>street</u> address: 12930 LEATRICE DR. | | Mailing address, if different is: |
| CLERMONT, FL 34715 | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: SHALL BE OPERATED IN SUPPORT OF A MATE | KAMBAALA MEDI ERNITY CLINIC IN K | CAL MISSION, A NON-PROFIT CORPORATION, AMBAALA, UGANDA AND ALL CHARITABLE |
| PURPOSES WITHIN THE MEANING OF SECTION | N 501(C)(3) OF THE I | NTERNAL REVENUE CODE OF 1986 OR, |
| AS AMENDED. | | |
| ARTICLE IV MANNER OF ELECTION The m | ECTORS | |
| Name and Title: BARBARA MANCUSO - CHAIR | Name and Title: | LISA OCHSE - SECRETARY |
| Address 12930 LEATRICE DR. | Address: | 1242 SHORTCREST CIR |
| CLERMONT, FL 34715 | *** | CLERMONT, FL 34711 |
| U.S.A. | | U.S.A. |
| Name and Title: ROBERT RICHEY - TREASURER | | VANGIE DE LA CONCHA - V. CHAIR |
| Address 195 NAUTICA MILE DR. | Address: | 17900 COUNTY RD. 455 |
| CLERMONT, FL 34711 | | CLERMONT, FL 34715 |
| U.S.A. | | |
| Name and Title: | Name and Title: | |
| | | |

| Name and Title: | | Name and Title: | _ _ |
|-------------------------------------|--|--|--------------------------------|
| Address _ | | Address: | |
| - | | | _ |
| - | | | _ |
| Name and Title: | | Name and Title: | _ |
| Address | | Address: | _ |
| - | | <u>.</u> | _ |
| - | <u> </u> | | |
| APTICLE VI | REGISTERED AGENT | | |
| The name and F | Torida street address (P.O. Box NOT acce | eptable) of the registered agent is: | _ |
| Name: | BARBARA MANCUSO | | 2021 3EO |
| Address: | 12930 LEATRICE DR. | | |
| | CLERMONT, FL 34715 | | \$ \frac{1}{2} |
| | | | |
| ARTICLE VII The name and a | INCORPORATOR ddress of the Incorporator is: | | PHI2: 37 DF STAT SEE, FL |
| Name: | JOSEPH A. CRUZ | | 37 ATE |
| Address: | 3290 COUNTRYSIDE VIEW DR. | | |
| | ST. CLOUD. FL 34772 | <u> </u> | |
| ARTICLE VIII | EEEE/THUE DATE. | | |
| Effective date, if (If an effective | f other than the date of filing: date is listed, the date must be specific a | | ter the filing.) |
| Note: If the dat document's effe | e inserted in this block does not meet the a ctive date on the Department of State's rec | applicable statutory filing requirements, this date will not cords. | t be listed as the |
| | Emiliar with and accent the appointment | e of process for the above stated corporation at the place as registered agent and agree to act in this capacity | ce designated in this |
| $\frac{1}{1}$ | Required Signature of Registered | d Agent Date | |
| A submit this doc | ument and affirm that the facts stated herc of State constitutes a third degree felony as | rin are true. I am aware that any false information submit | tted in a document to |
| _ In | esh a. hay Required Signature of Inco | <u> </u> | 12021 |
| | Required Signature of Inco | rporator Dat | le |