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(Requestor's Name)

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PICK-UP WAIT MAIL

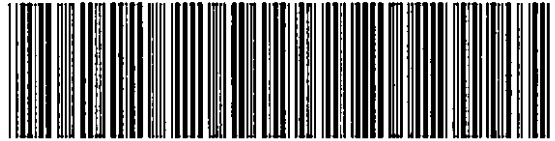
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 13 PM 12: 36

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 221A00022783

2021 09 21 13:07

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: KAMBAALA MEDICAL MISSION
(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: BARBARA MANCUSO
Name (Printed or typed)

12930 LEATRICE DR.
Address

CLERMONT, FL 34715
City, State & Zip

407-497-0219
Daytime Telephone number

babszgirl@aol.com
E-mail address: (to be used for future annual report notification)

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

FILED

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

2021 OCT 13 PM 12:37

ARTICLE I NAME
The name of the corporation shall be: KAMBAALA MEDICAL MISSION, INC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12930 LEATRICE DR.

Mailing address, if different is:

CLERMONT, FL 34715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: KAMBAALA MEDICAL MISSION, A NON-PROFIT CORPORATION,
SHALL BE OPERATED IN SUPPORT OF A MATERNITY CLINIC IN KAMBAALA, UGANDA AND ALL CHARITABLE
PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 OR,
AS AMENDED.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA MANCUSO - CHAIR
Address: 12930 LEATRICE DR.
CLERMONT, FL 34715
U.S.A.

Name and Title: LISA OCHSE - SECRETARY
Address: 1242 SHORTCREST CIR
CLERMONT, FL 34711
U.S.A.

Name and Title: ROBERT RICHEY - TREASURER
Address: 195 NAUTICA MILE DR.
CLERMONT, FL 34711
U.S.A.

Name and Title: VANGIE DE LA CONCHA - V. CHAIR
Address: 17900 COUNTY RD. 455
CLERMONT, FL 34715

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BARBARA MANCUSO
 Address: 12930 LEATRICE DR.
CLERMONT, FL 34715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPH A. CRUZ
 Address: 3290 COUNTRYSIDE VIEW DR.
ST. CLOUD, FL 34772

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

Barbara Mancuso
 Required Signature of Registered Agent

10/11/21
 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.

Joseph A. Cruz
 Required Signature of Incorporator

9/29/2021
 Date

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 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED