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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Dianne's Closet Cancer Support Hands, 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: Maritza Pratt
Name (Printed or typed)

2129 Opilana St.
Address

Orlando, Fl 32837
City, State & Zip

(407) 203-5747
Daytime Telephone number

maritza_pratt2000@yahoo.com
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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ARTICLES OF INCORPORATION

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

ARTICLE I NAME
The name of the corporation shall be: Dianne's Closet Cancer Support Hands, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2129 Apilana St.
Orlando, Fl
32837

Mailing address, if different is:
P.O. Box 772184
Orlando, FL
32877

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Provide cancer patients and survivors with a means of peace and tranquility during and after their treatments, with much compassion, humility, and dignity needed in those moments. Offer the opportunity for them to feel beutiful in mind, body and spirit. We offer wigs, turbans, scarfs, brassreres and prothesis. To provide comfort through our compassionate service, let them feel good ever with hair loss.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
Appointed by the President and Vice-President as needed after an evaluation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maritza Pratt - President
Address: 2129 Apilana St.
Orlando, FL 32837

Name and Title: Stephanie Piña - Vice President
Address: P.O. Box 1623
Apopka, FL 32704

Name and Title: Mitchelle Pabon - Treasure
Address: 2241 Blue Hesper Dr.
Apt. 301
Kissimmee, FL 34741

Name and Title: Alma Lacen - Secretary
Address: 5386 Silver Star Rd.
Apt. 334
Orlando, FL 32808

Name and Title: Margarita Ramos - Community Outreach
Address: 11564 Purple Lilac Cir
Orlando, FL 32837

Name and Title:
Address:

Name and Title _____ Name and Title: NA

Address NA Address: _____

Name and Title NA Name and Title NA

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Maritza Pratt

Address: 2129 Opulana St.
Orlando, FL 32837

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Margarite Ramos

Address: 11564 Purple Lilac Cir.
Orlando, FL 32837

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.

Maritza Pratt
Required Signature of Registered Agent

7/28/2022
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.

Margarita Ramos
Required Signature of Incorporator

7/28/2022
Date