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COVER LETTER

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

MBC Travelers, Inc.

SUBJECT: _____
(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

Paul Rapp
FROM: _____
Name (Printed or typed)
251 Broadway

Address
Kingston, NY 12401

City, State & Zip
845 417 1401

Daytime Telephone number
paul@paulrapp.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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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 MBC Travelers, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
3841 61 Street North	_____
_____	_____
St. Petersburg, FL 33709	_____
_____	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to advocate and provide activities and adventures for people with metastatic breast cancer (and see attached addendum)

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Jennifer Pace President and Director	Name and Title: _____ Linsey Scholl Director
Address: _____ 3841 61 Street North St Petersburg, Florida 33709	Address: _____ 5512 Cypress Hill Road Winter Garden, Florida 34787
Name and Title: _____ Ann Addis Pantoga Director	Name and Title: _____
Address: _____ 4934 Dobson Street Skokie, Illinois 60077	Address: _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Jennifer Pace

 Address: 3841 61 Street North

 St Petersburg, Florida 33709

ARTICLE VII INCORPORATOR

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

Name: Paul Rapp

 Address: 251 Broadway

 Kingston, NY 12401

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

Jennifer Pace Jennifer Pace
 Required Signature of Registered Agent

9/9/2022
 Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

Paul Rapp Paul Rapp
 Required Signature of Incorporator

9/9/2022
 Date