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June 13, 2024

AUBURN DAY 14920 ROCKY LEDGE DR TAMPA, FL 33625 US

SUBJECT: THE ELI ALEXANDER FOUNDATION

Ref. Number: W24000089816

We have received your document for and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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

Letter Number: 624A00012895

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& Certificate

P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:
The Eli Alexander Foundation Corporation

(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\$
\$78.75

Filing Fee &

Certificate of

Status

Department of State Division of Corporations

Filing Fee

	FROM:			
Name (Printed or typed)				
Daytime Telephone number				
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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			
MITCLE	I <u>PRINCIPAL OFFICE</u>		
<u>i4</u>	Principal <u>street</u> address: 920 Rocky Ledge Drive		Mailing address, if different is:
<u>Ta</u>	mpa, FL 33625		
<u>ARTICLE A</u>	III PURPOSE		
	for which the corporation is organize		
The purpose	e for which the corporation is organize	ed is to operate as a non-	profit organization dedicated to raising awareness about
infant loss.	providing support and resources to aff	fected families, and advo	cating for improved understanding related to infant loss.
Specifically	the corporation aims to educate, offe	er support, promote resea	rch, and organize events / outreach programs to
commemora	ate loss infants and to foster a support	ive community environm	ent.
By fulfilling	these objectives, the corporation stri	ves to create a compassion	nate and informed society that acknowledges the profound
impact of in	fant loss and supports those who expe	erience it.	
of the corp	V MANNER OF ELECTION To poration shall be appointed by the incorporation		rectors are elected and appointed: The initial directors
ARTICLE J			
	/ INITIAL OFFICERS AND/OR	<u>DIRECTORS</u>	
Name and T	-		
Name and T	itle: Ashleigh Mock 1111 Rosewood Circle	Name and Tit	le: Kandi Ranson () 127 N. Maxwell Ave.
	itle: Ashleigh Mock g		le:
	itle: Ashleigh Mock g	Name and Tit	le: Kandi Ranson () 127 N. Maxwell Ave.
Address	Ashleigh Mock IIII Rosewood Circle Charlotte, NC 28211 Auburn Day	Name and Tit Address:	le: Kandi Ranson () 127 N. Maxwell Ave. PO Box 527 Huntersville, NC 28070
Address Name and T	Ashleigh Mock IIII Rosewood Circle Charlotte, NC 28211 Auburn Day	Name and Tit Address: Name and Tit	le: Kandi Ranson () 127 N. Maxwell Ave. PO Box 527
Address	Ashleigh Mock g 1111 Rosewood Circle Charlotte, NC 28211 itle: Auburn Day b	Name and Tit Address:	le: Kandi Ranson () 127 N. Maxwell Ave. PO Box 527 Huntersville, NC 28070
Address Name and T Address	Ashleigh Mock g 1111 Rosewood Circle Charlotte, NC 28211 ittle: Auburn Day b 14920 Rocky Ledge Drive Tampa, FI. 33625	Name and Tit Address: Name and Tit Address: Address:	le: Kandi Ranson () 127 N. Maxwell Ave. PO Box 527 Huntersville, NC 28070

Name and Title	9;	Name and Title:		
Address		Address:		
				
Name and Title	e:	Name and Title:		
Address				
iddi ¢33		Additss.		
	-			
ARTICLE VI				
The <u>name and</u>	Florida street address (P.O. Box NO	T acceptable) of the registered agent i	S:	
Name:	Auburn Day			
Address:	14920 Rocky Ledge Drive			
	Tampa, FL 33625			
ARTICLE VII The name and Name:	INCORPORATOR address of the Incorporator is: Auburn Day			
Name: Address:	14920 Rocky Ledge Drive			
	Tampa, FL 33625			
<u>ARTICLE VIII</u>	EFFECTIVE DATE:			
Effective date,	if other than the date of filing:	. (OPTI	ONAL)	•••
ii an enective	date is listed, the date must be spec	atic and cannot be more than live	days prior or 90 days after the fi	iling.)
	ate inserted in this block does not meet ective date on the Department of State		rements, this date will not be listed	d as the
	amed as registered agent to accept so familiar with and accept the appointr			rated in this
	A		06/24/2024	
	Required Signature of Regi	istered Agent	Date	_
	cument and affirm that the facts stated tof State constitutes a third degree feld			locument to
	A.		06/24/2024	
<u>.</u>	Required Signature of	Incorporator	Date 🔀	_