

NO4000008928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 SEP 17 P 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 SEP 17 PM 12:38

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-17-04  
2004

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- PROJECT ADAM FLORIDA, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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

ARTICLE I - NAME

The name of the corporation shall be: PROJECT ADAM FLORIDA INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2791 Marsh Wren Circle, Longwood, Florida 32779.

ARTICLE III - PURPOSE

The purpose of the corporation is to assist schools in the State of Florida to acquire Automatic External Defibrillators and to assist in the education of the use, maintenance and supervision of the equipment.

ARTICLE IV - MANNER OF ELECTION

Directors shall be appointed as set forth in the By-Laws.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is: Agustin Ramos, 2791 Marsh Wren Circle, Longwood, Florida 32779.

ARTICLE VI - INCORPORATOR

The name and address of the Incorporator is: Agustin Ramos, 2791 Marsh Wren Circle, Longwood, Florida 32779.

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.

Agustin Ramos Sept 14, 2004  
Signature/Registered Agent

Agustin Ramos Sept 14, 2004  
Signature/Incorporator

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