

N 10000003712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

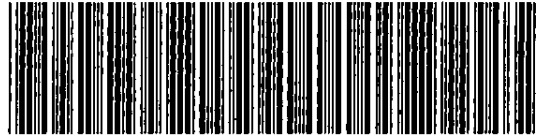
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2010 APR 12 PM 3:38

J 4/14/10

COVER LETTER

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

SUBJECT: Acquired And Traumatic Brain Injury Group, 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: Anthony Johnson
Name (Printed or typed)

216 Dublin Dr
Address

Lake Mary, FL 32846
City, State & Zip

407-615-5069
Daytime Telephone number

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

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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)

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ARTICLE I NAME

The name of the corporation shall be:
Acquired And Traumatic Brain Injury Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
216 Dublin Dr.
Lake Mary, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
This corporation is organized for charitable and educational purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
The corporation shall have no voting members. The management and affairs of the corporation shall be at all times under the direction of a Board of Directors, whose operations in governing the corporation shall be defined by statute and by the corporation's by-laws. No Director shall have any right, title, or interest in or to any property of the corporation.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
CEO: Anthony Johnson
216 Dublin Dr.
Lake Mary, FL 32746

CFO: Joan Johnson
216 Dublin Dr.
Lake Mary, FL 32746

CNO: Marie Schneider
172 Dublin Dr.
Lake Mary, FL 32746


ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Anthony Johnson
216 Dublin Dr.
Lake Mary, FL 32746

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:
Anthony Johnson
216 Dublin Dr.
Lake Mary, FL 32746

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.



Signature/Registered Agent

4/1/2010
Date



Signature/Incorporator

4/1/2010
Date