

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

NeuroRecovery Foundation, 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

FROM: Matthew Davies

Name (Printed or typed)

1850 Barton Street

Address

Longwood, FL 32750

City, State & Zip

407-247-2162

Daytime Telephone number

MDAVIES18@earthlink.net

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

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

NeuroRecovery Foundation, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1850 Barton Street

Mailing address, if different is:

Longwood, Fl 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The mission of the NeuroRecovery Foundation is to provide a professional, consumer and technology forum serving patients suffering from spinal cord injuries, stroke and neurologic conditions to facilitate the development of the NeuroRecovery community resources and access to care.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____ Appointed by Direct

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Davies, President Name and Title: _____

Address 1850 Barton Street Address: _____
Longwood, Fl 32750

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 JUN 22 AM 10:30

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: Matthew Davies
 Address: 1850 Barton street
Longwood, FL 32750

ARTICLE VII INCORPORATOR

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

Name: Matthew Davies
 Address: 1850 Barton Street
Longwood, FL 32750


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

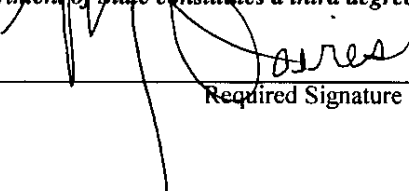
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 Required Signature of Registered Agent 6/17/15 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.

 Required Signature of Incorporator 6/17/15 Date