

N110000004459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

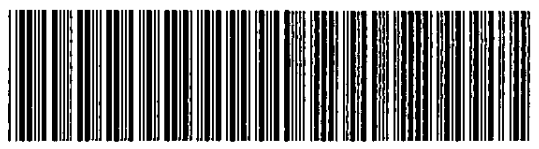
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/11--01024--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -4 PM 2:38

APPROVED
FILED

4/21
86

72720000111

COVER LETTER

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

SUBJECT: The Seeing Stars Foundation LLC
(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: Dr. Francis X Conidi
Name (Printed or typed)

1288 NE Ocean Blvd
Address

Stuart, FL 34996
City, State & Zip

772-337-7272
139 NE 1st Avenue, Tallahassee, FL 32302
Telephone Number

fxneuro@bellsouth.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2011

DR. FRANCIS X CONIDI
1288 NE OCEAN BLVD
STUART, FL 34996

SUBJECT: THE SEEING STARS FOUNDATION LLC
Ref. Number: W11000022427

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -4 PM 1:25

RECEIVED

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

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, Ltd. Liability Co., and L.L.C. are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 611A00009718

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

ARTICLE I NAME The Seeing Stars Foundation Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
139 NE 1st Street
PH 5
Miami, FL 33132

Mailing address, if different is:
1288 NE Ocean Blvd
Stuart, FL 34996

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
A charity dedicated to research and education on sports related concussion and sports related neurological issues.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors will be appointed by the Chairman

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Francis Conidi, Founder + Chair
Address: 1288 NE Ocean Blvd
Stuart, FL 34996

Name and Title: _____
Address: _____

Name and Title: Fritz Romeus, Managing Member
Address: 1800 N. Bayshore Drive
#515
Miami, FL 33152

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Francis X Conidi
Address: 10377 S. US Highway 1
Suite 104
Port Saint Lucie, FL 34962

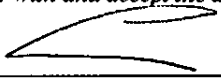
11 MAY -4 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ARTICLE FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francis X Conidi
Address: 10377 S. US Highway 1
Suite 104
Port Saint Lucie, FL 34952

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

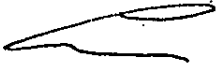


Required Signature of Registered Agent

4-1-2011

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

4-1-2011

Date