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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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RECEIVED 2016 JAN 19 PM 3:20

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2015

CRYSTAL BLAYLOCK 9707 E EASTER LANE SUITE B CENTENNIAL, CO 80112

SUBJECT: NATIONAL STROKE ASSOCIATION

Ref. Number: W15000082925

We have received your document for NATIONAL STROKE ASSOCIATION 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. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 615A00027139

COVER LETTER

Registration Section
Division of Corporations

TO:

Dear Sir or Madam:

Affairs in	Florida", "C	ation by Foreign Not for Prof Certificate of Existence", or "C crenced not for profit corporat	Certificate of	Status" and ch	eck are submitted to
Please retu	rn all corre	spondence concerning this ma	atter to the fo	llowing:	
		ORUSTAI B	layloo	K	
		National Str	Company	A550 C10	itin
		707 E Easter	e lau	l Sente	B
	<u>0</u> 6	HANIA , OD G)O[\2 nd Zip Code	<u> </u>	
	E-	OBLAYUCK(DeStr	report notifica	((on)
For further	informatio	n concerning this matter, plea	se call:		O
_OR	USTON Name	Bluylock at (Area Code	754-0 Daytime Tele	Q (7 ephone Number
Re Di P.0	AILING A gistration S vision of Co D. Box 6323 Ilahassee, F	ection orporations 7		Registration S Division of Co Clifton Buildi	orporations ng e Center Circle
Enclosed is	s a check fo	r the following amount:			
□ \$70.00	Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 F Certifie	iling Fee & d Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:
1. NATION OF THE SOCIATION OF C. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Clopedo (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MURCH 1984 5. (Date of Incorporation) (Date of duration, if other than perpetual)
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. 9707 E. Easter Lave, Surte B Certennial, co 80112
(Current mailing address, if different)
8. Whi-profit Organization with the mission to reclude the inchance & impact (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) of Stroke - in the U.S.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Corporate Crooting Network No
Office Address: 11300 PROSpoRity Farms Rd #221E
Florida 33410 (Zip Code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Taylor Page, Special Secretary (Registered Igent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS			
Chairman: Mike Walker			
Address: 244 Cldar Park Cir			
Sarasota, FL 3+242			_
Vice Chairman: (120ROR DOWS, JR		· ———	
Address: 87 DRaper Rd			
Wayland, MA 01778			
Director: Dave Sproat			
Address: 2200 What St			
Algoraum, 12 60102			
Director: Tim VauBlesen			
Address: 1114 Ave of the Americas 43rdfl			_
nh'na 10030	75 6 4		
B. OFFICERS		16	
President: MUTT LODEZ		JAN	
Address: 9707 E. Easter Lane, Suite B	<u> </u>	19	Company of the Party of the Par
Chtennal, CO 80112			
Vice President: Jamie Charbaneau		3: 40	ئىرىدىدىك <u>—</u>
Address: 977 E. LOSTER LN GUILD			_
Contenia, (0, 90/12	· · · · · · · · · · · · · · · · · · ·		_
Secretary:			— .
Address:			
Treasurer: OIII (MRP)	(05	<u> </u>	_
Address: 9707 E- Easter In SviteB Lerry Contenyo	1,02	1100c	2
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	lor direc	tore	
13. MANUE V. C. I and addendant to the appreciation fishing additional officers and	or direc	1015.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14. JAMIE S. CHARSOLLEAU MINIMUM VP. DEVELOPME (Typed or printed name and capacity of person signing application)	3UT	4 AC	MIN

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

NATIONAL STROKE ASSOCIATION

is a

Nonprofit Corporation

formed or registered on 04/13/1984 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871566577.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/12/2016 that have been posted, and by documents delivered to this office electronically through 01/14/2016 @ 08:37:52.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/14/2016 @ 08:37:52 in accordance with applicable law. This certificate is assigned Confirmation Number 9454297



Secretary of State of the State of Colorado

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