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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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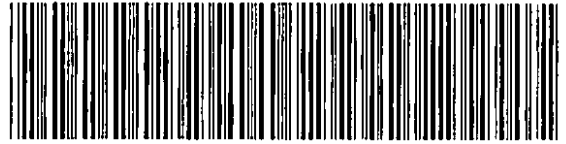
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T. LEMIEUX
JUL 20 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKINSON & MOVEMENT DISORDER ALLIANCE
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JESSICA MONTJOY

Name of Person

URS AGENTS

Firm/Company

3675 CRESTWOOD PKWY

SUITE 350

Address

DULUTH, GA 30096

City/State and Zip Code

ZTORRES@URSCOMPLIANCE.COM

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

For further information concerning this matter, please call:

JESSICA MONTJOY

Name of Person

877

at ()

Area Code

275-2767

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 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. PARKINSON & MOVEMENT DISORDER ALLIANCE CO.

(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. AZ 3. 47-5315579
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/14/2015 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. 2030 W Baseline Rd #182-6207, Phoenix, AZ 85041
(Principal office street address)

(Current mailing address, if different)

8. PROVIDE OPPORTUNITIES FOR PEOPLE TO LEARN, LIVE MORE FULLY AND SPARK MEANINGFUL CONN
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

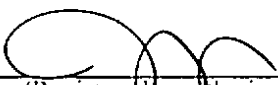
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Dr.
Tallahassee, Florida 32312
(City) (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.


(Registered agent'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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Andrea Crespo
☐ Vice Chairman Address: _____
☐ Director 2030 W Baseline Rd #182-6207
☐ President Phoenix, AZ 85041
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Jennifer Anderson
☐ Vice Chairman Address: _____
☐ Director 2030 W Baseline Rd #182-6207
☐ President Phoenix, AZ 85041
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ava Butler
☐ Vice Chairman Address: _____
☐ Director 2030 W Baseline Rd #182-6207
☐ President Phoenix, AZ 85041
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sandipan Bhattacharjee
☐ Vice Chairman Address: _____
☒ Director 2030 W Baseline Rd #182-6207
☐ President Phoenix, AZ 85041
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Higgins
☐ Vice Chairman Address: _____
☒ Director 2030 W Baseline Rd #182-6207
☐ President Phoenix, AZ 85041
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: SEE ATTACHED LIST
☐ Vice Chairman Address: _____
☒ Director 2030 W Baseline Rd #182-6207
☐ President Phoenix, AZ 85041
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Andrea Crespo
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Andrea Crespo
(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

PARKINSON & MOVEMENT DISORDER ALLIANCE

ACC file number: 20402732

was incorporated under the laws of the State of Arizona on 10/14/2015;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 06/29/2023



A handwritten signature in cursive script, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director

Part III:

BOARD OF DIRECTORS

Organization Name: Parkinson & Movement Disorder AllianceFEIN: 47-5315579Address: 2030 W Baseline Rd #182-6207 Phoenix, AZ 85041Phone: (800) 256-0966

OFFICERS:

TITLE

ADDRESS

PHONE

☐ Entity Address☐ Entity Phone

Lauren Schroeder	Board Chair		
Jennifer Anderson	Board Secretary		
Ava Butler	Board Treasurer		

DIRECTORS:

TITLE

ADDRESS

PHONE

☐ Entity Address☐ Entity Phone

Sandipan Bhattacharjee	Board Member		
Keith Chamberlain	Board Member		
David Higgins	Board Member		
Pauline Urbano Hechler	Board Member		
Andrea Lowe	Board Member		

EXECUTIVE EMPLOYEES:

TITLE

ADDRESS

PHONE

☐ Entity Address☐ Entity Phone

Andrea Crespo	CEO		
Rebecca Korduner	Chief Operations Officer		
Anissa Mitchell	Chief Program Officer		
Maureen Simmons	Chief Advancement Officer		