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TRANSMITTAL LETTER

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

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*****87.50 *****87.50

SUBJECT: INSTITUTE FOR ALS AND MOTOR NEURON DISEASES, 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: ALAN N. FINKELSTEIN
Name (Printed or typed)
10651 N. KENDALL DRIVE SUITE 207
Address
MIAMI, FL 33176
City, State & Zip
305-279-4400
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 12 AM 9:37

FILED

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

F. CHESSEN

JUN 1 4 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Institute for ALS and Motor Neuron Diseases, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4800 N. Federal Highway Suite 203B
Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist ventilator dependent victims of motor neuron diseases, i.e., amyotrophic lateral sclerosis (ALS), muscular dystrophy (MD) and multiple sclerosis (MS), etc.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Initial directors will appoint additional directors, annually.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Melvin B. Seiden
Elliott Wiener

4800 N. Federal Highway
Suite 203B
Boca Raton, FL 33431

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Alan N. Finkelstein

10651 N. Kendall Drive
Suite 207
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alan N. Finkelstein

10651 N. Kendall Drive
Suite 207
Miami, FL 33176

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

Date

Signature/Incorporator

Date

FILED
01 JUN 11 AM 9:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE