

No 1000005857

EFFECTIVE DATE  
8-17-01

FILED

01 AUG 14 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

800004534268--2  
-08/14/01--01065--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: ZIBA FOUNDATION, INC.  
(Proposed corporate name - must include suffix)

NEW FILING DEPARTMENT: If possible, would you please stamp mark the Articles as "FILED" between 10:00 A.M. and 10:30 AM on Friday, AUGUST 17, 2001. This request is important to one of our contributors/sponsors, and it would help our program.

THANKS MUCH!

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: D. B. Yarbrough  
Name (Printed or typed)

1964 Howell Branch Road, Suite 100  
Address

Winter Park, Florida 32792  
City, State & Zip

(407) 657-8221  
Daytime Telephone number

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

B. BROWN AUG 17 2001

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## ARTICLES OF INCORPORATION

**Ziba Foundation, Inc.**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation:*

### **ARTICLE I      NAME**

The name of the corporation shall be:

Ziba Foundation, Inc.

### **ARTICLE II      PRINCIPAL OFFICE**

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

1964 Howell Branch Road, Suite 100  
Winter Park, Florida 32792

### **ARTICLE III      PURPOSES**

The specific purposes for which the corporation is organized are:

To facilitate the availability of professional rehabilitation medical services to individuals who are mentally or physically disabled.

To provide housing, education, and personal support to persons who are mentally or physically disabled.

To promote meaningful work and employment opportunities for persons with disability through the operation of subsidized training workshops, employment counseling, and job placement.

To provide assistance and support for medical education in the healing arts and sciences.

To sponsor and promote programs designed to enhance the productivity, efficiency, and administrative skill of rehabilitation medical providers who are willing to practice in an underserved geographical area, or who serve a population group whose members lack sufficient financial resources to access rehabilitation services.

To promote societal acceptance and understanding of persons with disability.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

The Incorporator hereinafter named shall nominate an initial slate of five directors. Those nominees who shall file a certificate of acceptance within three days of nomination shall constitute the initial Board of Directors. Thereafter, the Board of Directors of the corporation may enlarge the number of directors or fill any director vacancy by a majority vote of all members of the Board.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

D. B. Yarbrough  
1964 Howell Branch Road, Suite 100  
Winter Park, Florida 32792


**ARTICLE VI INCORPORATOR**

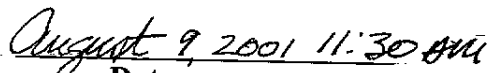
The name and address of the Incorporator to these Articles of Incorporation are:

D. B. Yarbrough  
1964 Howell Branch Road, Suite 100  
Winter Park, Florida 32792


**ARTICLE VII EFFECTIVE DATE AND COMMENCEMENT OF OPERATIONS**


The effective date of the corporation, shall be August 17, 2001, at 10:00 o'clock a.m.

  
Signature/Incorporator

  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature/Registered Agent  
D. B. Yarbrough

  
Date