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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
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FLORIDA NON-PROFIT CORPORATION

DOMESTIC ABUSE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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SEP 1 8 2001

DOMESTIC ABUSE SERVICES, INC.

(NAME OF CORPORATION IN FULL)

WE, THE UNDERSIGNED, DOMESTIC ABUSE SERVICES, INC. DO JOINTLY AND SEVERALLY AGREE WITH EACH OTHER TO ASSOCIATE OURSELVES AND OUR SUCCESSORS TOGETHER AS A CORPORATION NOT FOR PROFIT UNDER CHAPTER 617 OF THE LAWS OF THE STATE OF FLORIDA, AND DO HEREBY SUBSCRIBE AND ACKNOWLEDGE THE FOLLOWING ARTICLES TO WIT:

ARTICLE I

THE NAME OF THE CORPORATION IS:

DOMESTIC ABUSE SERVICE, INC.

THE PRINCIPAL PLACE OF ADDRESS SHALL BE: 3365 W HILLSBORO BLVD, DEERFIELD BEACH, FLORIDA 33442

ARTICLE II

THE PURPOSE FOR WHICH THE ORGANIZATION IS BEING ORGANIZED IS:

- A. TO PROMOTE SERVICES AND CLOTHING TO DOMESTIC ABUSE VICTIMS.
- B. TO CONDUCT AND OR SUPPORT PROJECTS TO AID IN PROVIDING EMPLOYABILITY AND SELF-ESTEEM TO DOMESTIC ABUSE VICTIMS.
- C. TO SERVE AS A CATALYST IN PROMOTING PROGRAMS DESIGNED TO TEACH MOTIVATION AND INDEPENDENT SURVIVAL OF ABUSED VICTIMS.
- D. TO MAKE THE LOCAL GOVERNMENT MORE AWARE OF THE COMMUNITY NEEDS AS THEY RELATE TO ABUSE VICTIMS SERVICES.
- E. TO DO ANY AND ALL THINGS ALLOWED OR PERMITTED TO BE PERFORMED BY A CONCERNED ORGANIZATION.
- F. TO ENSURE QUALITY PROGRAMS UNDER THE LEADERSHIP OF THE BOARD OF DIRECTORS AND ADVISORS.

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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ARTICLE III MEMBERSHIP

- A. QUALIFICATION: ANY REPUTABLE PERSON, WHO IS WILLING TO ADHERE TO THE ARTICLES OF INCORPORATION AND BY-LAWS AND TAKE AN INTEREST IN HELPING TO RESOLVE THE PROBLEMS OF THE COMMUNITY.
- B. ADMISSION TO MEMBERSHIP: ANY PERSON, RESIDENT, OR ORGANIZATION IN THE COMMUNITY WHO COMPLIES WITH THE REQUIREMENTS SHALL BE ADMITTED TO MEMBERSHIP IN THE ORGANIZATION. WHEN NECESSARY, CONTRIBUTIONS AND/OR IN-KIND ASSISTANCE MAY BE REQUESTED IN ORDER TO FOSTER SOME OF THE PROJECTS.
- C. ALL BUSINESS MEETINGS WHICH WILL BE CONDUCTED MONTHLY SHALL BE GOVERNED BY THE RULES CONTAINED IN ROBERT'S RULE OF ORDER.
- D. THE MANNOR OF ELECTION IS GOING TO BE STATED IN THE BY-LAWS OF THE CORPORATION.

ARTICLE IV

THE NAME AND SIGNATURE OF THE SUBSCRIBERS SHALL BE AS
FOLLOWS:

Kenneth B. Kopp
KENNETH KOPP

PRESIDENT/DIRECTOR

Nancy Kopp
NANCY KOPP

VICE PRESIDENT/DIRECTOR

Nancy Kopp
NANCY KOPP

SECRETARY/DIRECTOR

James T. Kopp
JAMES KOPP SR.

TREASURER/DIRECTOR

Patricia Turner
PATRICIA TURNER

CONSULTANT/DIRECTOR

ARTICLE V
OFFICERS & DIRECTORS

THE NAMES AND ADDRESSES OF THE OFFICERS & DIRECTORS WHO ARE
TO SERVE UNTIL THE FIRST REGULAR ELECTION ARE AS FOLLOWS:

KENNETH KOPP

20910 AVENEL RUN

BOCA RATON, FL 33428

PRESIDENT/DIRECTOR

NANCY KOPP

20910 AVENEL RUN

BOCA RATON, FL 33428

V-PRESIDENT/DIRECTOR

NANCY KOPP

20910 AVENEL RUN

BOCA RATON, FL 33428

SECRETARY/DIRECTOR

JAMES KOPP, SR

20910 AVENEL RUN

BOCA RATON, FL 33428

TREASURER/DIRECTOR

PATRICIA TURNER

7100 NW 49 COURT

LAUDERHILL, FL 33319

CONSULTANT/DIRECTOR

**ARTICLE VI
AMENDMENTS OF BY-LAWS**

THE BY-LAWS MAY BE MADE, ALTERED, AMENDED OR REPEALED, AND THE ARTICLES OF INCORPORATION BY-LAWS MAY BE ADOPTED BY A QUORUM OF THE MEMBERSHIP AT A REGULAR OR A DULY SUMMONED SPECIAL MEETING OF THE BOARD.

ARTICLES VII DISTRIBUTION UPON DISSOLUTION

NO PERSON, FIRM OR CORPORATION SHALL EVER RECEIVE ANY DIVIDENDS OR PROFITS FROM THE UNDERTAKING OF THIS CORPORATION AND UPON DISSOLUTION OF THIS CORPORATION ALL OF THE ASSETS REMAINING AFTER PAYMENT OF ALL COSTS AND EXPENSES OF SUCH DISSOLUTION SHALL BE DISTRIBUTED TO ORGANIZATIONS WHICH HAVE QUALIFIED FOR SUCH EXEMPTION UNDER THE APPLICABLE STATUTE (S) OF THE INTERNAL REVENUE CODE, OR TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, OR FOR A PUBLIC PURPOSE, AND NONE OF THE ASSETS WILL BE DISTRIBUTED TO ANY MEMBER, OFFICER OR TRUSTEE OF THE CORPORATION.

ACKNOWLEDGEMENT BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAME CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I THEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF THE SAID STATUTE AND LAWS RELATIVE TO KEEP OPEN SAID OFFICE.

OTHEL TURNER
(NAME)

5787 W SUNRISE BLVD
(ADDRESS)
PLANTATION, FL. 33313

STATE OF FLORIDA)
COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED KENNETH KOPP, NANCY KOPP, JAMES KOPP, SR., PATRICIA TURNER APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 17 DAY OF September, 2001

Elizabeth C. Foon
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA



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