

No200009406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

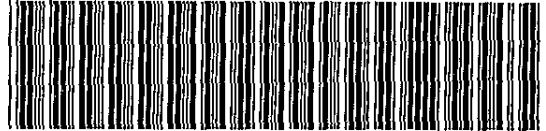
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/09/02--01017--001 \*\*70.00

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02 DEC -9 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/10

## TRANSMITTAL LETTER

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

SUBJECT: Tissue Recovery Alliance, 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: Michael Evertsen  
Name (Printed or typed)

3359 Perrington Pt.  
Address

Marietta, GA 30066  
City, State & Zip

678.849.7922  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

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02 DEC -9 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Tissue Recovery Alliance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

215 NW 138th terrace #100  
Newberry, FL 32669

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To serve the hospital community with education in  
the human tissue donation area.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Appointed

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

Michael Evertsen, President  
Christine Simmons, V. President  
Daniel DeLap, Secretary

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

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

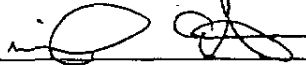
Michael Evertsen  
215 NW 138th terr #100  
Newberry, FL 32669

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Michael Evertsen  
215 NW 138th terrace #100  
Newberry, FL 32669

\*\*\*\*\*  
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

12/5/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/5/02  
\_\_\_\_\_  
Date