

N04000005943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

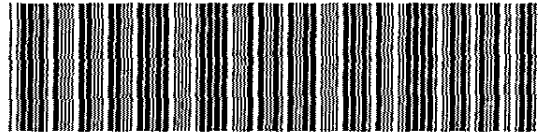
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

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

SUBJECT: St. Augustine Parkinson's Disease Support Group and NPF Affiliate 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: Legalfilings.com Inc.
Name (Printed or typed)

20121 Ventura Blvd., #302
Address

Woodland Hills, CA 91364
City, State & Zip

800-788-9706
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

St. Augustine Parkinson's Disease Support Group and NPF Affiliate Inc.

ARTICLE II PRINCIPAL OFFICE

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

33 Alcira Ct., St. Augustine, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the local area with a support group for people who have Parkinson's disease.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As stated in corporate by-laws.

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Kimerly E. Coshow, 33 Alcira Ct., FL 32086	President
Rene K. Coshow, 33 Alcira Ct., FL 32086	Vice President
Barbara J. Gormley, Coshow, 33 Alcira Ct., FL 32086	Sec./ Dir.
Dr. Roger Geronimo, Coshow, 33 Alcira Ct., FL 32086	Treasurer/ Dir.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

REGISTERED AGENTS LEGAL SERVICES, INC.

1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

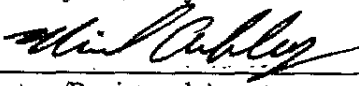
The name and address of the Incorporator is:

Legalfillings.com, Inc.

20121 Ventura Blvd., suite 302

Woodland Hills, CA 91364

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

June 7, 2004

Date


Signature/Incorporator

By: Dean Patel, Assistant Sec.

June 7, 2004

Date

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