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11/11/05--01012---010 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -7 AM 8:44

FILED

## COVER LETTER

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

**SUBJECT:** The Sam Wilcox Special Needs Foundation Incorporation  
(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:** Lydia Reid  
Name (Printed or typed)

1400 N.W. 192 street  
Address

Miami, FL 33169  
City, State & Zip

(954) 775-5013  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 9, 2005

LYDIA REID  
1400 NW 192 ST  
MIAMI, FL 33169

SUBJECT: THE SAM WILCOX SPECIAL NEEDS FOUNDATION  
Ref. Number: W05000050499

We have received your document for THE SAM WILCOX SPECIAL NEEDS FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Unable to contact you directly by telephone.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Document Specialist  
NEW FILINGS

Letter Number: 605A00066954

RECEIVED  
05 DEC -7 AM 10:58  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

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

FILED

## ARTICLE I NAME

The name of the corporation shall be:

Sam Wilcox Special Needs Foundation, Incorporated

05 DEC -7 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

1400 N.W. 192 street, Miami, FL 33126

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Sam Wilcox Special Needs Foundation was organized to fund the development of effective treatment programs and fund treatment research for children with special needs including but not limited to Epilepsy/Seizure disorders, Cerebral palsy, Down's syndrome, Autism, and Hearing Impaired.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Shall be set forth in the bylaws. The officers of the board shall be president, vice president, recording secretary, corresponding secretary, and treasurer. Other offices may be established or appointed by the board of directors of the organization at any regular or special meeting or as specified in the bylaws.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Lydia Reid, Founder/Director/President

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Lydia Reid, 1400 N.W. 192 street, Miami, FL 33126

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lydia Reid, 1400 N.W. 192 street, Miami, FL 33126

\*\*\*\*\*

*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

12-1-05

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

\_\_\_\_\_  
Date

12-1-05