

NO 8000002257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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08 MAR -6 PM 3:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/7

COVER LETTER

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

SUBJECT: FFDD, 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: David E. Ramba

Name (Printed or typed)

2600 Centennial Place, Suite 100

Address

Tallahassee, FL 32308

City, State & Zip

850/222-5702

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)

ARTICLE I NAME

The name of the corporation shall be:
FFDD, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
3158 Inverness; Weston, FL 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To advance the interests of persons with developmental disabilities

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
The initial directors have been appointed by the Incorporator for lifetime terms. Upon the death, resignation, or removal of a director, the President will appoint the replacement.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Susan Goldstein (Director, President, Secretary)
Irving Goldstein (Director, Treasurer)
3158 Inverness
Weston, FL 33332

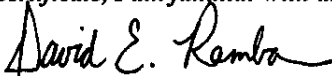
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
David E. Ramba
2600 Centennial Place, Suite 100
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
David E. Ramba
2600 Centennial Place, Suite 100
Tallahassee, FL 32308

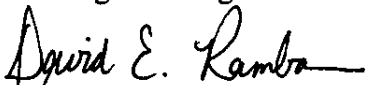
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

3-6-08

Date



Signature/Incorporator

3-6-08

Date