

**N11000000790**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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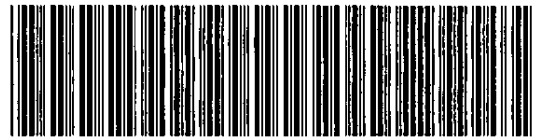
(Business Entity Name)

(Document Number)

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

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2011 JAN 24 PM 4:41

CLERK OF SUPERIOR COURT  
CALIFORNIA COUNTY OF ORANGE

JAN 26 2011

## COVER LETTER

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

SUBJECT: NAMI St. Lucie County, 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: NAMI St. Lucie County, Inc.  
Name (Printed or typed)

New Horizons of the Treasure Coast,  
Address

4500 W. Midway Road, Ft. Pierce, FL 34981  
City, State & Zip

(772) 672-8383  
New Horizons of the Treasure Coast

nswanson@nhtcinc.org  
E-mail address: (to be used for future annual report notification)

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation in compliance with Chapter 617, F.S. (Not for Profit) hereby adopts the following Articles of Incorporation:

### ARTICLE I NAME

The name of the corporation shall be: NAMI St. Lucie County, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

New Horizons of the Treasure Coast  
4500 W. Midway Road  
Fort Pierce, FL 34981

### ARTICLE III PURPOSES

The purposes for which this corporation is organized are:

- a. to establish, encourage and perpetuate an organization of families and friends of people with brain disorders and to let them know that they have a friend in St. Lucie County,
- b. to protect the rights and to promote the welfare, comfort and happiness, and to improve the conditions generally, of persons with brain disorders, wherever they may be, whether in institutions, special living arrangements or in private homes,
- c. to learn all about the services in St. Lucie County that are available for treatment of brain disorders,
- d. to foster new and improved programs and services and to further the advancement of studies and research for treatment of brain disorders,
- e. to further means for providing for adequate medical services, employment, housing, care, education, recreation and other matters for persons with brain disorders which may be consistent with the purpose of this corporation,
- f. to develop enlightened and more sympathetic public understanding of the problems of persons with brain disorders and of the public responsibilities relative thereto,
- g. to solicit and receive funds for the accomplishment of the foregoing purposes
- h. to make contributions to any organization described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future U.S. Internal Revenue Law) which are organized for purposes similar to those of this organization and to engage in any and all lawful activity incidental to the foregoing purposes, except as restricted herein.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

## ARTICLE IV MANNER OF ELECTION

The directors of this corporation are nominated and elected by the general membership in accordance with the bylaws of the corporation.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

The initial Officers and/or Directors are:

Jary W. Lewis, President  
8732 Bally Bunion Road  
Port St. Lucie, FL 34986

Nancy Swanson, Vice President  
1425C Captain's Walk  
Fort Pierce, FL 34950

Susan J. Lewis, Secretary  
8732 Bally Bunion Road  
Port St. Lucie, FL 34986

Larry Keshner, Treasurer  
4120 SW Saybrook Street  
Port St. Lucie, FL 34953

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

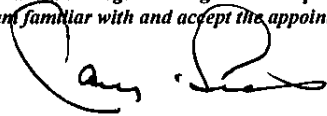
Jary W. Lewis  
8732 Bally Bunion Road  
Port St. Lucie, FL 34986

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy Swanson  
1425C Captain's Walk  
Fort Pierce, FL 34950

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

  
Jary W. Lewis

Required Signature of Registered Agent

January 20, 2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.*

  
Nancy Swanson

Required Signature of Incorporator

January 20, 2011

Date

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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