

N 11 00 0001120

(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



000192161000

02/03/11--01002--006 \*\*87.50

RECEIVED

11 FEB -2 PM 4:03

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 FEB -2 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Pro-Human: Center for Promotion of Human Development and Health, Inc. (Pro-Human Center, 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:** Sonia McNelis  
Name (Printed or typed)

8419 Glendalin Road  
Address

Tallahassee, Florida 32311  
City, State & Zip

850-877-3820  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB -2 PM 4:08

**FILED**

## COVER LETTER

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

**SUBJECT:** Pro-Human: Center for Promotion of Human Development and Health, Inc. (Pro-Human Center, 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:** Sonia McNelis  
Name (Printed or typed)

8419 Glendalin Road  
Address

Tallahassee, Florida 32311  
City, State & Zip

850-877-3820  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**FILED**  
11 FEB -2 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 717, F.S., (Not for Profit)

**ARTICLE # I: NAME**

The name of the corporation shall be: **Pro-Human: Center for Promotion of Human Development and Health, Inc.**

**ARTICLE # II: PRINCIPAL OFFICE**

The principal office of the **Pro-Human: Center for Promotion of Human Development and Health, Inc.** will be in Tallahassee, Leon County, Florida.

The Primary Street and mailing addresses are:

Street Address: **Pro-Human: Center for Promotion of Human Development and Health, Inc.**

c/o Dr. Sonia McNelis  
8419 Glendalin Road  
Tallahassee, FL 32311

Mailing Address: **Pro-Human: Center for Promotion of Human Development and Health, Inc.**

c/o Sonia McNelis, MD, MPH  
8419 Glendalin Road  
Tallahassee, FL 32311

**ARTICLE # III: SPECIFIC PURPOSE**

A. The primary purpose of the **Pro-Human: Center for Promotion of Human Development and Health, Inc.** is to promote all areas of human development, human advancement and human health.

The **Pro-Human: Center for Promotion of Human Development and Health, Inc.** inc is incorporated exclusively for charitable, educational, and scientific purposes.

B. To accomplish the foregoing purpose, the corporation shall carry out the following activities: social and scientific research, education, counseling, marketing, and provision of services including but not limited to the following areas: health, legal, and environmental, and any other activity consistent with the foregoing and with the purpose of the Corporation, subject to the provisions of Section 501(c)(3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended.

**ARTICLE # IV: MANNER OF ELECTION**

The officers of the shall be Chairman, Vice Chairman, and Secretary, The directors of the Corporation shall be elected in accordance with methods and qualifications specified in the bylaws of the Corporation. In no event shall the number of directors be fewer than three.

**FILED**  
11 FEB -2 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE # V: INITIAL OFFICERS**

**Chairman:**

Sonia McNelis, MD, MPH  
8419 Glendalin Road  
Tallahassee, Florida 32311

**Vice Chair:**

Richard McNelis, JD  
8419 Glendalin Road  
Tallahassee, Florida 32311

**Secretary:**

Katerina L. Castano  
144 Main Street. Apt 106  
New Paltz, New York 12561

**ARTICLE # VI: MANNER OF DISSOLUTION**

If it becomes necessary for the dissolution . due to some foreseen or unforeseen circumstances, the assets shall be distributed for one or more exempt purposes with the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Intellectual assets, such as copyright, trademark, etc., will be transferred to one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code that have the goals of promoting all areas of human development, human advancement and human health that are consistent with the purposes

**ARTICLE # VII: INITIAL REGISTERED AGENT AND STREET ADDRESS**

Sonia McNelis, MD, MPH  
8419 Glendalin Road  
Tallahassee, Florida 32311

**ARTICLE # VIII: INCORPORATOR**

Sonia McNelis, MD, MPH  
8419 Glendalin Road  
Tallahassee, Florida 32311

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.

*Sonia McNelis*

*2/2/2011*

Signature/Sonia McNelis  
Registered Agent

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 s.817.155, F.S.

*Sonia McNelis*

*2/2/2011*

Signature/Sonia McNelis  
Incorporator

Date

**FILED**  
11 FEB -2 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA