

N110000002763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

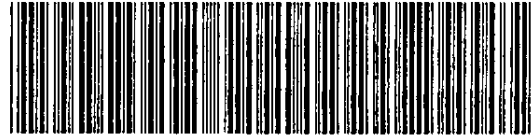
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02/10/11--01032--010 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 15 PM 2:19

APPROVED
AND
FILED

WH

COVER LETTER

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

SUBJECT: Athletic Injury Management Foundation
(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: DUAKE D. BROOKS
Name (Printed or typed)

2109 W. Carmon ST.
Address

Tampa, FL 33606
City, State & Zip

(985) 703-2109
Daytime Telephone number

brooksdd@hotmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2011

DUANE D. BROOKS
2109 W. CARMEN ST
TAMPA, FL 33606

SUBJECT: ATHLETIC INJURY MANAGEMENT FOUNDATION
Ref. Number: W11000008511

We have received your document for ATHLETIC INJURY MANAGEMENT FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word 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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 311A00003708

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

APPROVED
AND
FILED

11 MAR 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Athletic Injury Management Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2109 West Carmen Street Tampa, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Purpose of the AIM Foundation is to educate high school students in the profession of Athletic Training/Sports Medicine by providing sports camps, Campus/facility tours, and observation hours with the purpose of developing a strong work ethic, self confidence, strong character, and a solid academic background to become future leaders of the profession.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

through a voting process (voting)

1. Natural concern for kids and their future, 2. Work ethic in previous projects, and 3. Level of dedication and commitment to effecting change in our communities.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President: Duane D. Brooks, 2109 West Carmen St, Tampa, FL 33606; Vice President: Michael Lewis, 47 Ridgewood Drive, LaPlace, LA 70068; Secretary: Wanda Mayes, 2900 Athena Lane#38G, Lithonia, GA 30038

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Duane D. Brooks 2109 West Carmen Street Tampa, FL 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Duane D. Brooks 2109 Carmen Street Tampa FL 33606

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

Signature/Incorporator

Date

Date

2/10/11

2/10/11