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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/18/11

## COVER LETTER

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

**SUBJECT: TEAM TAYLOR FOUNDATION, 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: Bret Jones, Esq.

Name (Printed or typed)

700 Almond Street

Address

Clermont, FL 34711

City, State & Zip

(352) 394-4025

Daytime Telephone number

BJones@BretJonesPA.com

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

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

### **ARTICLE I NAME**

The name of the corporation shall be: **TEAM TAYLOR FOUNDATION, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
142 Longhirst Loop  
Ocoee, FL 34761

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The providing of funds and life-saving medical treatments to those who would not otherwise be able to get medicine and the quality care they need. Specifically providing for children who are diagnosed with and suffering from disease or ongoing medical conditions.

### **ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Initial directors were invited to serve by Incorporator. All subsequent directors will be nominated and confirmed by remaining directors.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eric Roukey, Director  
Address: 142 Longhirst Loop  
Ocoee, FL 34761

Name and Title: John Gerald O'Conner, Director  
Address: 2120 Venetian Way  
Winter Park, FL 32789

Name and Title: Alejandro Kaba, Director  
Address: 1635 E Highway 50  
Suite 103  
Clermont, FL 34711

Name and Title: Amanda Vo, Director  
Address: 9530 Pecky Cypress Way  
Orlando, FL 32789

Name and Title: Beth Heidt, Director  
Address: 367 Floral Drive  
Winter Garden, FL 34787

Name and Title: Peter Brockman, Director  
Address: 2575 E Highway 50  
Suite E  
Clermont, FL 34711

### **ARTICLE VI REGISTERED AGENT**

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

Name: Bret Jones, Esq.  
Address: Bret Jones, P.A.  
700 Almond Street  
Clermont, FL 34711

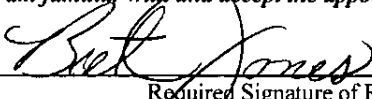
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eric Roukey  
Address: 142 Longhirst Loop  
Ocoee, FL 34761

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TALLAHASSEE, FLORIDA

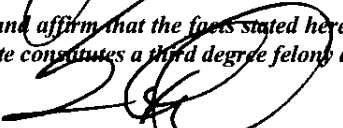
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

1/17/11  
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.



Required Signature of Incorporator

1/12/11  
Date