

N110000004111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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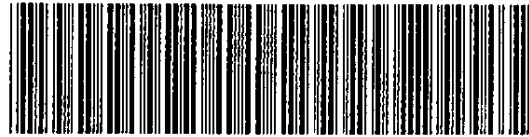
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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105-11

COVER LETTER

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

SUBJECT: asCUREiasis, 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: Arie Szeinfeld

Name (Printed or typed)

2200 Sunrise Key Blvd

Address

Fort Lauderdale, Florida 33304

City, State & Zip

954-593-2028

2200 Sunrise Key Blvd Phone number

ascureiasis@gmail.com ✓

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

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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: asCUREiasis, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2200 Sunrise Key Blvd
Fort Lauderdale, Florida 33304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The mission of asCUREiasis is to reduce the mortality rate and prevalence of ascariasis by preventing future cases using cheap methods of water purification and treatment of current cases through the use of anthelmintic drugs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors shall be elected and appointed by a 75% majority of the board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arie Szeinfeld, Chairman of the Board
Address: 2200 Sunrise Key Blvd
Fort Lauderdale, Florida 33304

Name and Title: Michael Delgado, Vice Chairman
Address: 914 Old York Rd
Branchburg, NJ 08876

Name and Title: Justin Dicenso, Vice Chairman
Address: 1205 Mariposa Ave Apt 417
Coral Gables, Florida 33146

Name and Title: Frank Zadavec, Committee Chair
Address: 137 Edgecombe Ave.
New York, NY 10030

Name and Title: Scott Davimos, Board Member
Address: 6620 SW 57th Ave Apt. E306
South Miami, Florida 33143

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

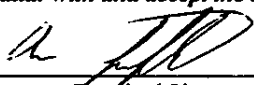
Name: Arie Szeinfeld
Address: 2200 Sunrise Key Blvd
Fort Lauderdale, Florida 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arie Szeinfeld
Address: 2200 Sunrise Key Blvd
Fort Lauderdale, Florida 33304

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

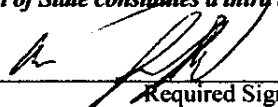


Required Signature of Registered Agent

4/15/2011

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 s.817.155, F.S.



Required Signature of Incorporator

4/15/2011

Date

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TALLAHASSEE, FLORIDA