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W11-2130

FILED
2011 APR 25 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch

COVER LETTER

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

SUBJECT: Tampa Bay Neurofibromatosis (NF) Families 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: Douglas M. Nyack
Name (Printed or typed)

1799 N. Highland Ave, Suite G-107
Address

Clearwater Florida 33755
City, State & Zip

727-452-8584
Telephone number

dougnyltrack@yahoo.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

RECEIVED
11 APR 25 PM 1:14
DIVISION OF CORPORATIONS

April 15, 2011

DOUGLAS M. NYACK
1799 N HIGHLAND AVE STE G-107
CLEARWATER, FL 33755

SUBJECT: TAMPA BAY NEUROFIBROMATOSIS (NF) FAMILIES INC.
Ref. Number: W11000021306

We have received your document for TAMPA BAY NEUROFIBROMATOSIS (NF) FAMILIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Bylaws are not filed with this office. Please retain them for your records.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 511A00009226

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

ARTICLE I NAME

The name of the corporation shall be: Tampa Bay Neurofibromatosis Families Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1799 N. Highland Ave
Suite G-107
Clearwater, Florida 33755

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate as a non-profit, specifically to help create a community of support for those affected by Neurofibromatosis through education, advocacy, coalitions, the raising of public awareness and by supporting research for treatments and a cure.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors shall be elected by the Board of Directors annual meeting of Directors. Newly elected directors shall assume their duties at the corporation's first regular meeting held in January of each year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas M. Nyack, President
Address: 1799 N. Highland Ave
Suite G-107
Clearwater Florida 33755

Name and Title: Gillian Carter, Director
Address: 1121 Old Cahaba Circle
Helena Alabama 35080

Name and Title: Suzanne Nyack, Vice President
Address: 547 Finch Court
Kissimmee Florida 34759

Name and Title: Nikki Nyack, Director
Address: 804 College Ave
Adrian Michigan 49221

Name and Title: Dr. Glenn Archibald, Director
Address: 3181 Brandford Place
Birmingham Alabama 35242

Name and Title: Ann D. Nyack, Treasurer/Secretary
Address: 1799 N. Highland Ave
Suite G-107
Clearwater Florida 33755

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

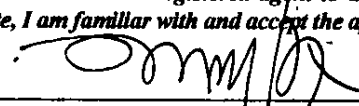
Name: Douglas M. Nyack
Address: 1799 N. Highland Ave.
Suite G-107
Clearwater Florida 33755

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Douglas M. Nyack
Address: 1799 N. Highland Ave.
G-107
Clearwater Florida 33755

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

4-20-2011
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 s.817.155, F.S.


Required Signature of Incorporator

4-20-2011
Date