

N11000006348

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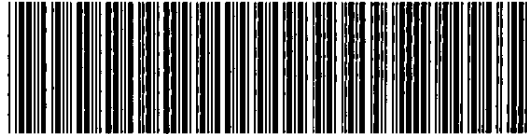
(Business Entity Name)

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W11-33070

FILED
JUL - 1 PM 4: 36
U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D.C. 20504

1 Batch 5.2011

COVER LETTER

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

SUBJECT: IDA T. STRAUS MEMORIAL FOUNDATION FOR MENTAL HEALTH CARE, 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: MICHELLE STRAUS ROSEN
Name (Printed or typed)

12516 NW 56TH STREET
Address

CORAL SPRINGS, FL 33076
City, State & Zip

954-224-2143
Daytime Telephone number

MICHAELROSEN@BELL SOUTH, NE7
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 JUL -1 AM 10:56

DIVISION OF CORPORATIONS

June 20, 2011

MICHELE STRAUS ROSEN
12516 NW 56TH STREET
CORAL SPRINGS, FL 33076

SUBJECT: IDA T. STRAUS MEMORIAL FOUNDATION FOR MENTAL HEALTH
CARE, INC.

Ref. Number: W11000033070

We have received your document for IDA T. STRAUS MEMORIAL FOUNDATION FOR MENTAL HEALTH CARE, 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):

Please type in the name of the corporation in article I.

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: 611A00014878

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

ARTICLE I NAME

The name of the corporation shall be: IDA T. STRAUS MEMORIAL FOUNDATION FOR MENTAL HEALTH CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12516 NW 56TH STREET
CORAL SPRINGS, FL 33076

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ASSIST INDIGENT PERSONS WHO ARE IN
NEED OF MENTAL HEALTH CARE OBTAIN
ACCESS TO MENTAL HEALTH CARE PROFESSIONALS

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

BY MAJORITY VOTE OF MEMBERS AT ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELLE STRAUS ROSEN, PRES Name and Title: MICHELLE STRAUS ROSEN, TREAS
Address: 12516 NW 56TH STREET Address: 12516 NW 56TH STREET
CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076

Name and Title: SUZANNE DASE, SECY Name and Title: _____
Address: 1625 N BELMONT COURT Address: _____
ARLINGTON HEIGHTS, IL 60004

Name and Title: ZINIA STRAUS, VP Name and Title: _____
Address: 2768 CARAMBOLA CIRCLE 50074 Address: _____
COCONUT CREEK, FL 33066

ARTICLE VI REGISTERED AGENT

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

Name: MICHELLE STRAUS ROSEN
Address: 12516 NW 56TH STREET
CORAL SPRINGS, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHELLE STRAUS ROSEN
Address: 12516 NW 56TH STREET
CORAL SPRINGS, FL 33076

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

6/13/11
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

6/13/11
Date