

N11000007895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

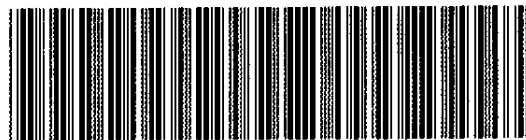
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/11--01002--012 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 18 PM 3:08

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Daniel Brett 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: Robert M Marconi
Name (Printed or typed)

13320 SW 128th St
Address

Miami, FL 33186
City, State & Zip

6406 Saratoga Blvd
Telephone number

bob@zmcpa.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: **Daniel Brett Foundation, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

6406 Saranac Circle

Davie, FL 33331

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Raise funds to further IMPACT testing to detect neurological trauma and help prevent further injury to young athletes and any other charitable endeavor allowed by law.

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

At a duly held annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana Pilar Brett

Address: 6406 Saranac Circle

Davie, FL 33331

Name and Title: _____

Address: _____

Name and Title: Triana Lombardo, Secretary

Address: 6406 Saranac Circle

Davie, FL 33331

Name and Title: _____

Address: _____

Name and Title: Paul C. Lombardo, Treasurer

Address: 6406 Saranac Circle

Davie, FL 33331

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: Robert M. Marconi

Address: 13320 SW 128th St.

Miami, FL 33186

ARTICLE VII INCORPORATOR

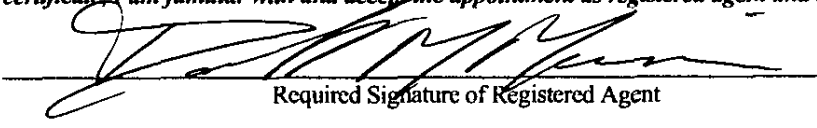
The name and address of the Incorporator is:

Name: Diana Pilar Brett

Address: 6406 Saranac Circle

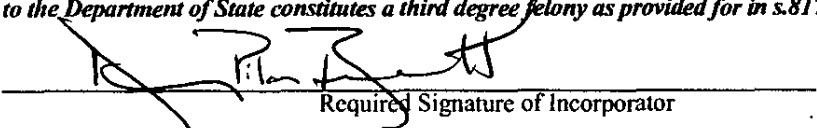
Davie, FL 33331

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

8/9/11
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

8/2/2011
Date