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## **COVER LETTER**

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

SUBJECT: Saving Young Minds, 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 &
Certificate of
Status

\$78.75
Filing Fee &
Certificate Of
Status

\$78.75
Filing Fee
& Certified Copy
& Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

Alberto Gamarra, Ph. D.

Name (Printed or typed)

1000 Tupelo Way

Address

Weston, FL 33327

City, State & Zip

954-804-4719

Alberto Christiana, Tokephone number

savingyoungminds@myacc.net

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 poration shall be: Saving Y	ouna	Minds Inc	
		ourig	wiii ids, ii io.	
ARTICLE II	PRINCIPAL OPPICE Principal street address		Mailing address, if different is:	
	Alberto Gamarra, Ph. D.			
	1000 Tupelo Way			
	Weston, FL 33327			
ARTICLE III	PURPOSE			
Saving Young Mi under-privileged organization, ass	tich the corporation is organized is: nds, Inc. Is being developed to educate, precommunities with regards to sports-related ets shall be distributed for one or more executed, or to a state or local government for	head injuries (co mpt purposes wi	ncussion). Upon the dissolution of this thin the meaning of section $501(c)(3)$ of	<sup>:</sup> the
ARTICLE IV  The affairs of the organization recognized at the annual me	MANNER OF RLECTION The manner in in shall be managed by a Board of Directors initially selected by the Exe reting of the organization to be held on such a date as the Bylaws may a	cutive Director. The number		ı shail be
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO			
	le: Tony Fineman - Secretary		::Amy Gamarra - Member	
Address:	19461 Saturnia Lakes Drive	Address:	1000 Tupelo Way	<del></del>
	Boca Raton, FI 33498	<del>_</del>	Weston, FL 33327	
		_		
Name and Tit	lc:Miguel Gamarra - Treasurer	_ Name and Title	Alberto Garnarra, Ph. D Executive Direct	tor
Address:	995 Lavender Circle	Address:	1000 Tupelo Way	
	Weston, FL 33327		Weston, FL 33327	<del></del> ,
		<del></del>		
Name and Tit	le:Steven Mead - Member	_ Name and Title	÷	
Address:	1600 NW 117th Avenue	Address:		
	Plantation, FL 33323	_		
		_		
	REGISTERED AGENT			
	ida street address (P.O. Box NOT acceptable) o	of the registered age	ent is:	
Name:	Amy Gamarra	<del></del>		
Address:	weston, FL 33327		HAT A	L. J. L. J.
	WE3.001 FE 3320-1	<u> </u>	S	Personal Per
		_	in −< → I	
ARTICLE VII	INCORPORATOR		i i i i i i i i i i i i i i i i i i i	得了
	ress of the Incorporator is:			i.
Name:	Alberto Gamarra, Ph. D.			.^i"
Address:	1000 Tupelo Way	_		
	Weston, FL 33327		<del>.</del>	
Having been name certificate, i am fan	ed as registered agent to accept service of proc niliar with and accept the appointment as registe	ess for the above ared agent and agre	stated corporation at the place designated ee to act in this capacity	in this
\ (\XIII)	James A & A		01/06/2012	
7	Required Signature of Registered Agent		Date	
_		_		
	nent and affirm that the facts stated herein are			cument
to the pepartment of	of State constitutes a third degree felony as provi	uea jor in 5.81 /.15	J, F.J.	
111 to	A 4 4 A 4 A 4		01/06/2012	
XX WY WY	Required Signature of Incorporator	<u> </u>	Date	