

N12000000562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

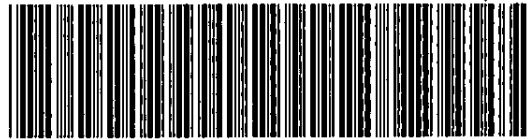
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300218601403

300218601403
01/17/12--01059--009 **70.00

FILED
12 JAN 17 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Gureh JAN 18 2012

COVER LETTER

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

SUBJECT: The Wellness Center at Florida Atlantic University 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: Jill R. McGrail, Esq.
Name (Printed or typed)

4695 Lake Forest Drive, Suite 200
Address

Cincinnati, Ohio 45242
City, State & Zip

513/563-0906
Daytime Telephone number

jmcgrail@thbergman.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)

ARTICLE I NAME

The name of the corporation shall be:

The Wellness Center at Florida Atlantic University Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2700 Date Palm Road

Boca Raton, Florida 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To develop, enlarge, operate and provide funding for The Wellness Center at Florida Atlantic University

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

Appointed by the donors/trustees of the Foundation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anne W. Green, Director/Trustee

Address: 2700 Date Palm Road

Boca Raton, Florida 33432

Name and Title: Andrew J. Green, Director/Trustee

Address: 5101 Creek Road

Cincinnati, Ohio 45242

Name and Title: Louis B. Green, Director/Trustee

Address: 2700 Date Palm Road

Boca Raton, Florida 33432

Name and Title: _____

Address: _____

Name and Title: Oliver H. Green, Director/Trustee

Address: 2700 Date Palm Road

Boca Raton, Florida 33432

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: Louis B. Green

Address: 2700 Date Palm Road

Boca Raton, Florida 33432

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Jill R. McGrath, Esq.

Address: 4695 Lake Forest Drive, Suite 200

Cincinnati, Ohio 45242

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

Louis B. Green

Required Signature of Registered Agent

1/13/12
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.

Jill R. McGrath

Required Signature of Incorporator

1/13/12
Date