

N120000008804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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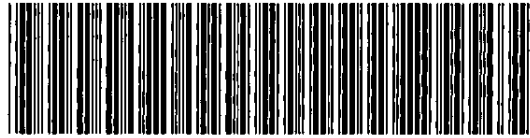
(Business Entity Name)

(Document Number)

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12 SEP 13 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FL 32399

1/4

COVER LETTER

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

SUBJECT: Down Syndrome Resource Center 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: Teresa L. Dorman
Name (Printed or typed)

2403 NW 94th Dr.
Address

Gainesville, FL 32606
City, State & Zip

352-682-7766
Daytime Telephone number

tishy1383@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be: DOWN SYNDROME RESOURCE CENTER, INC.

12 SEP 13 PM 2:22

ARTICLE II PRINCIPAL OFFICE

Principal street address
530 W UNIVERSITY AVE
GAINESVILLE, FL 32601

Mailing address, if different, is:
SAME
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THIS CORPORATION SHALL NOT, EXCEPT TO AN INSUBSTANTIAL DEGREE, ENGAGE IN ANY ACTIVITIES OR EXERCISE ANY POWERS THAT ARE NOT IN FURTHERANCE OF THE PURPOSES OF THIS CORPORATION.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
ELECTED BY MAJORITY VOTE OF DIRECTORS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TERESA L. DORMAN, PRESIDENT
Address: 2403 NW 94TH DRIVE
GAINESVILLE, FL 32606

Name and Title:
Address:

Name and Title: LORI NEWMAN DEW, VICE PRESIDENT
Address: 9304 NW 23rd Place
GAINESVILLE, FL 32606

Name and Title:
Address:

Name and Title: KATHERINE M. DORMAN, SECRETARY
Address: 2403 NW 94TH DRIVE
GAINESVILLE, FL 32606

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: TERESA L. DORMAN
Address: 2403 NW 94TH DRIVE
GAINESVILLE, FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERESA L. DORMAN
Address: 2403 NW 94TH DRIVE
GAINESVILLE, FL 32606

ARTICLE VIII DISSOLUTION

UPON THE DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

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


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


Date