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13 JAN 25 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 01/28/13

**COVER LETTER**

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

**SUBJECT: BRAINSTATE RECOVERY PROGRAM 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: KRISTINA BURGESS**  
Name (Printed or typed)

**2315 GOLDENROD ST**  
Address

**SARASOTA, FL 34239**  
City, State & Zip

**941-706-6332**  
Daytime Telephone number

**ted@tedfrench.org**  
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:

**BRAINSTATE RECOVERY PROGRAM INC**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

**2315 GOLDENROD STREET**

**Sarasota, FL 34239**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**Provides charitable funding for veterans who have served in combat and are suffering from the effect of PTSD or traumatic brain injury as a result, to have access to wellness options not available by Veterans Administration.**

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

**Appointed**

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Kristina Burgess**

Name and Title: **Pres**

Address: **2315 Goldenrod st, Sarasota, FL 34239**

Address:

Name and Title: **Ann Decsy**

Name and Title: **VP**

Address: **174 Whitley Mills Rd.**

Address:

**Ft. Mills, SC 29708**

Name and Title: **M. Scott Redden**

Name and Title: **Sec**

Address: **2315 Goldenrod St,**

Address:

**Sarasota, FL 34239**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: C. Ted French, Atty  
Address: 2033 Main St, Ste 304  
Sarasota, FL 34237

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kristina Burgess  
Address: 2315 Goldenrod St  
Sarasota, FL 34239

*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*

*Ted*  
  
\_\_\_\_\_  
Required Signature of Registered Agent

1-21-13  
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.*

*Kris*  
  
\_\_\_\_\_  
Required Signature of Incorporator

1/18/13  
Date