

N13000002237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

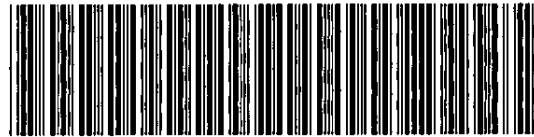
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400244976594

03/08/13--01021--017 \*\*78.75

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2013 MAR -8 PM 2:11

NOT POSTED  
TO APPROVED  
SUPPORT OF FILING

FILED

13 MAR -8 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
3/11/13

**COVER LETTER**

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

**FILED**  
**13 MAR -8 AM 10:42**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Florida Alliance for Sports Medicine, 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:** Ronald G. Meyer  
Name (Printed or typed)

131 N. Gadsden Street  
Address

Tallahassee, Florida 32301  
City, State & Zip

850-878-5212  
Daytime Telephone number

martin.shipman@tlhoc.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**  
**FLORIDA ALLIANCE FOR SPORTS MEDICINE,**  
**INC.**

---

FILED  
13 MAR -8 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporators of this Corporation not for profit pursuant to Chapter 617, Florida Statutes, adopt the following Articles of Incorporation as follows:

I.  
**NAME**

The name of this Corporation is **Florida Alliance of Sports Medicine, Inc.** The initial address of the Corporation is 3334 Capital Medical Boulevard, Suite 600, Tallahassee, Florida 32308.

II.  
**DURATION**

The period of the duration of this Corporation is perpetual unless dissolved according to law. Corporate existence shall commence upon filing with the Secretary of State.

III.  
**PURPOSE**

The Corporation is organized for the following purposes:

1. Promoting the sports-related business interests of orthopedic medicine practices and other medical practitioners within the State of Florida in order to protect the well-being of student athletes.
2. To improve the business conditions of sports-related medical practices and practitioners.
3. A specific purpose of the Corporation is to serve as a source of medical expertise and training relating to student athletes within the State of Florida and the education of coaches and other athletic personnel and students and their parents regarding the avoidance, identification and treatment of sports-related injuries.

4. The purposes for which this Corporation are organized are exclusively non-profit and for the sole purpose of improvement of business conditions of the sports-related orthopedic medical trade in accordance with Section 501(c)(6) of the Internal Revenue Code of 1954, as amended, or the corresponding provision of any future United States Internal Revenue law.
5. Notwithstanding any other provisions of these articles, the Corporation shall not carry on any activities which are not permitted to be carried on by an organization exempt from taxation pursuant to the Internal Revenue Code of 1954, Section 501(c)(6).

IV.  
**MEMBERS**

The members of the Corporation shall be as provided in the Bylaws. There may be separate classes of membership prescribed in the Bylaws.

V.  
**REGISTERED AGENT**

The street address and city of the registered office of the Corporation is:

3334 Capital Medical Boulevard, Suite 600  
Tallahassee, Florida 32308

The name of the registered agent at such address is Martin Shipman.

VI.  
**BOARD OF DIRECTORS AND OFFICERS**

The number of persons constituting the Board of Directors of the Corporation shall be not less than three nor more than twenty as provided in the Bylaws. The membership of the Board of Directors and the manner of their selection shall be provided in the Bylaws. The Bylaws may also provide for the selection of such officers as are deemed necessary or desirable.

VII.  
**INDEMNIFICATION OF OFFICERS AND DIRECTORS**

All officers and directors of this Corporation shall be indemnified by the Corporation against all expenses and liabilities, including attorney's fees (including appellate proceedings) reasonably incurred in connection with any proceeding or settlement thereof in which they may

become involved by reason of holding such office. The Corporation may purchase and maintain insurance on behalf of all officers and directors against any liability asserted against them or incurred by them in their capacity as officers and directors or arising out of their status as such.

VIII.  
**NON-STOCK BASIS**

This Corporation is organized on a non-stock basis.

IX.  
**DISSOLUTION**

In the event of dissolution, the residual assets of the Corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c) of the Internal Revenue Code of 1954, as amended, or corresponding sections of any prior or future law, or to the federal, state or local government for exclusively public purposes.

X.  
**NON-PROFIT STATUS**

This organization is organized not-for-profit and is not intended to be nor is it organized for the purpose of engaging in any activity ordinarily carried on for profit. No part of the net earnings of this Corporation will inure to the benefit of any member or other individual. The Corporation shall be primarily supported by membership dues and other income from activities substantially related to its tax exempt purpose.

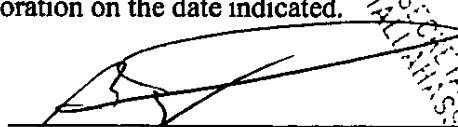
XI.  
**INCORPORATORS**

The name and address of the original incorporators of this Corporation are as follows:

Martin Shipman  
3334 Capital Medical Boulevard  
Suite 600  
Tallahassee, Florida 32308

Dr. Tom Haney  
3334 Capital Medical Boulevard  
Suite 600  
Tallahassee, Florida 32308


IN WITNESS WHEREOF, the undersigned, being the incorporators of this Corporation, have executed these Articles of Incorporation on the date indicated.

  
MARTIN SHIPMAN  
Incorporator

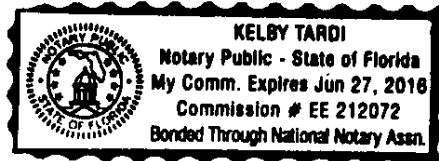
FILED  
13 MAR -8 AM 10:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

STATE OF FLORIDA  
COUNTY OF LEON

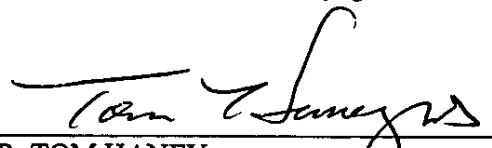
The foregoing instrument was acknowledged before me on this 6 day of MARCH, 2013, by Martin Shipman, who ☒ is personally known to me OR ☐ has produced a valid Florida Driver's License as identification and who ☐ did OR ☐ did not take an oath that he made and subscribed the same for the purposes therein mentioned and set forth.

  
NOTARY PUBLIC

Notary: Kelby Tardi  
PRINTED NAME



My Commission Expires: JUNE 27, 2016

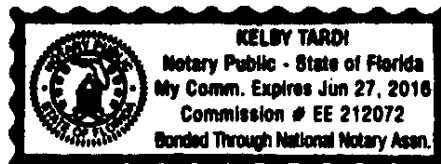
  
DR. TOM HANEY  
Incorporator

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 7 day of MARCH, 2013, by Dr. Tom Haney, who ☒ is personally known to me OR ☐ has produced a valid Florida Driver's License as identification and who ☐ did OR ☐ did not take an oath that he made and subscribed the same for the purposes therein mentioned and set forth.

  
NOTARY PUBLIC

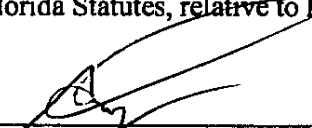
Notary: Kelby Tardi  
PRINTED NAME



My Commission Expires: JUNE 27, 2016

**ACCEPTANCE BY REGISTERED AGENT**

Having been named to accept service of process for the above-stated Corporation, at the place designated in these Articles of Incorporation, I hereby agree to act in this capacity, and I agree to comply with the provisions of Section 48.091, Florida Statutes, relative to keeping open said office for service of process.

  
\_\_\_\_\_  
MARTIN SHIPMAN  
Registered Agent

Date: 3/6/2013

FILED  
13 MAR -8 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA