

N13000002400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Adriana Farey GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 3/13/13
DOC. EXAM MRS

Office Use Only



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13 MAR 12 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/13/13

COVER LETTER

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

SUBJECT: LymeAid 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:

LymeAid Inc.
Name (Printed or typed)

4483 Twinview Lane
Address

Orlando, FL 32814
City, State & Zip

407 484 9123
Daytime Telephone number

~~mm~~ LymeAid5K@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)

ARTICLE I NAME

The name of the corporation shall be: LymeAid Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4483 Twinview Lane

Orlando, FL

32814

Mailing address, if different as

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LymeAid is our way of providing awareness, education and information about treatment options available for those who suffer from Lyme disease & other co-infections. Donations will be utilized to help as many Lyme sufferers as we can to get the help they need to thrive rather than just survive.

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

Directors will be appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Adriana Furey

Name and Title:

President/CEO

Address

4483 Twinview Lane

Address:

Orlando, FL

32814

Name and Title:

Anita Riggs - Vice President/COO

Name and Title:

Address

4483 Twinview Lane

Address:

Orlando, FL

32814

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Adriana Furey

Address:

4483 Twinview Lane
Orlando, FL 32814

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Adriana Furey

Address:

4483 Twinview Lane
Orlando, FL 32814

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

Adriana Furey
Required Signature of Registered Agent

3/2/13

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.

Adriana Furey
Required Signature of Incorporator

3/2/13

Date