

N13000002762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

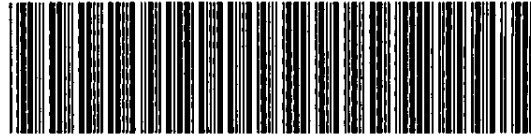
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Parents In Action, 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: Sharon R. Boyd
Name (Printed or typed)

5785 Gillot Blvd.
Address

Port Charlotte, FL 33981
City, State & Zip

941-828-1074
Daytime Telephone number

sharon.boyd@parents-in-action.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Proposed Letter to the FL Department of State on your Corp. Letterhead

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

I, Sharon R. Boyd, President of the recently dissolved for profit corporation, Parents In Action, Inc. with approval of our Board of Directors, hereby confirm that I will not revoke the dissolution of the for profit corporation, Parents In Action, Inc. and also agree to release the name of this company for use as a nonprofit corporation as stated in the attached nonprofit articles of incorporation.

I Sharon R. Boyd having first made due oath
Name
or affirmation, say that I am the President of
Title
Parents in Action, Inc. and further state that I
Name of Organization or Corporation
confirm my statement made here.

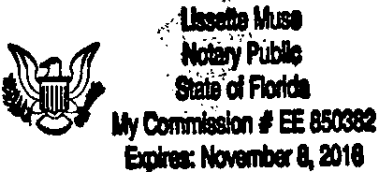
Sharon R. Boyd
Signature

Sworn to (or Affirmed) and subscribed before me this 1st day of
March, 2013 by Sharon R Boyd

who is personally known to me or who has produced FL DL
as identification.

Lisette Muse
Notary Public Signature

Lisette Muse
Notary Public Name, Please Print



ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: Parents In Action, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
5785 Gillot Blvd.

Mailing address, if different:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Port Charlotte, FL 33981

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide quality screening and training to behavior assistants who implement support plans written by board certified behavior analysts. We also provide consultation to parents, caregivers, and providers for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Upon winding up and dissolution of this corporation, after paying or adequately providing for the debts and obligation of the corporation, if the named beneficiary at the time of dissolution may not be qualified, may not be in existence, or may be unwilling or unable to accept the assets of the dissolving organization, the remaining assets shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable, educational, religious, and scientific purposes under the tax status of Sec. 501(c)(3) of the IRS Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors will be appointed and confirmed by a majority vote of the established members of the organization.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon R. Boyd P
Address: 5785 Gillot Blvd.
Port Charlotte, FL 33981

Name and Title: Tammie Baker VP
Address: 7662 Trillium Blvd.
Sarasota, FL 34241

Name and Title: W. Joshua Ritz D
Address: 1360 Franklin Ln.
North Port, FL 34286

Name and Title: Judith L. James S
Address: 4821 Tarpon Ct.
Cape Coral, FL 33904

Name and Title: Tara M. Cortopassi ED
Address: 338 Pine Glen Ct.
Englewood, FL 34223

Name and Title: Jean Felder Louis MS
Address: 149 Wanatah Ave. So.
Lehigh Acres, FL 33974

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Sharon R. Boyd

Address: 5785 Gillot Blvd.

Port Charlotte, FL 33981

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon R. Boyd

Address: 5785 Gillot Blvd.

Port Charlotte, FL 33981

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

Sharon R. Boyd

Required Signature of Registered Agent

Mar. 6, 2013

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.

Sharon R. Boyd

Required Signature of Incorporator

Mar. 6, 2013

Date