

N13000006453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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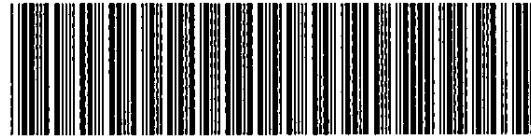
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUL 19 PM 4:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

CRPS Partners in Pain
EIN 46-2765361

COVER LETTER

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

SUBJECT: CRPS Partners In Pain, 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: **Nancy R. Cotterman**

Name (Printed or typed)

6367 Fountain Vista Ln

Address

Orlando FL 32829

City, State & Zip

407-353-1388

Daytime Telephone number

info@crpspartnersinpain.com ✓

E-mail address: (to be used for future annual report notification)

FILED
13 JUL 12 PM 4:44
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

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

EIN 46-2765361
CRPS Partners In Pain, Inc

ARTICLE I NAME

The name of the corporation shall be: CRPS Partners In Pain, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6367 Fountain Vista Lane
Orlando FL 32829

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide financial assistance to those with CRPS
(Complex Regional Pain Syndrome) for treatment that they would otherwise not be able to afford.

Financial assistance will be determined based on financial need. Payment will be made directly to the health care provider.

Article III. 1 Dissolution: Upon dissolution of CRPS Partners In Pain, Inc. all remaining net assets will be transferred to a qualified non profit
organization selected by the board whose purpose is to provide support to those who suffer from CRPS.

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

The board of directors are appointed by the Executive Director

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Renee Cotterman

Address: Executive Director
6367 Fountain Vista Lane
Orlando FL 32920

Name and Title: Diane Kordek

Address: Vice President
1414 Kingsley Dr
Warminster PA 18974

Name and Title: Sandra Conte

Address: Treasurer
325 Crestwood Rd
Warwick RI 02886

Name and Title: Adrienne Dussman

Address: Secretary
256 Regan Drive
Somerville, SC 29483

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
13 JUL 12 PM 4:44
CLERK OF SUPERIOR COURT
JANESVILLE, WISCONSIN

CIN 46-2765361
CRPS Partners In Paris, Inc

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: Nancy Renee Cotterman
Address: 6367 Fountain Vista Lane
Orlando FL 32829

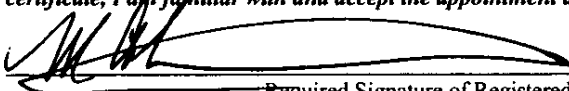
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Renee Cotterman
Address: 6367 Fountain Vista Lane
Orlando FL 32829

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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

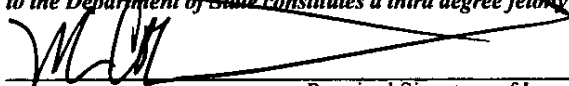


Required Signature of Registered Agent

7/7/13

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.



Required Signature of Incorporator

7/7/13

Date