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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2013

THERESA HENRY-GRAY PO BOX 616194 ORLANDO, FL 32861

SUBJECT: PHG II ANOXIC BRAIN INJUTY FOUNDATION

Ref. Number: W13000025617

We have received your document for PHG II ANOXIC BRAIN INJUTY FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 913A00010467

Division of Communities D.O. DOV 6207 Tollaharana Florida 20214



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2013

THERESA HENRY-GRAY PO BOX 616194 ORLANDO, FL 32861

SUBJECT: PHG II ANOXIC BRAIN INJUTY FOUNDATION

Ref. Number: W13000025617

We have received your document for PHG II ANOXIC BRAIN INJUTY FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 913A00010467

· · PHOIL A	loxic Brain Fng	jury. Foundation	M		
• •					
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		Brain Injury			
P. O. Box 6327 Tallahassee, FL 32314 Anoxic Brain Injury SUBJECT: PHGI A Foundation (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 CO	OPY REQUIRED		
FROM: Theresa Henry-Geny Name (Printed or typed)					
P. O. BOX 616194 Address					
Ollana. FL. 32861 City, State & Zip					
Ho7 394-7218 Daytime Telephone number					
1h 32661 O Yako. Lom E-mail address: (to be used for future annual report notification)					

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

PHGII HA	DUK Brain Fryory Tourant	'')	TONI '
	In compliance with Chapte	NCORPORAT r.617. F.S., (Not f	
ARTICLE 1	Anoxic	Brain Iniv	(4
The name of the con	NAME poration shall be: PHGILAFour	dation	INC.
•	·		
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing address if different is:
	7928 Hen Abbey		Mailing address, if different is:
	Olano. PL. 32819	 -	Orlando, FL 32861
			······································
ARTICLE III	PURPOSE		
The purpose for wh	ich the corporation is organized is:		
Halo Pero	le with Drain Injura	·	
Herp resp	te with Diain Injure	s ere	
		•	
ADDICE DE	MAANAMA OR MARAMANAA MAAAAA	1.1_1_4141	
ARTICLE IV Founder (S)	MANNER OF ELECTION The manner in THOSE HENCY - GEAT	which the director	s are elected and appointed:
r	•		- 10- Founder
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTO	DRS Name and Title	
Address: For	nder President	_ Name and Thic _ Address:	R. Box 616194
100	POLBOX 6/6/94	_ _	Olando FL 3286,
	Oclardo 77. 32861		
Name and Tie		Name and Title	8
Address: " f		_ Address:	
•	20. Box 6/6/94		· · · · · · · · · · · · · · · · · · ·
	- Ollanoo, Pc. 32861		
Name and Tit	le: Patrick Henry GRAY Ho	_ Name and Title	:
Address:	Flunder ASST VILL PROSE	∡⁄Address:	
	Olaron PL. 32861		
4 10 10 10 10 10 10 10 10 10 10 10 10 10		_	
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) o	f the registered age	nt is:
Name:	Theirs Henry GRA	_	Eg 3
Address:	7978 blen Abbey		E 6 2 7
	Ollenoo, Fl. 32819	_	至ら、当
		-	
	INCORPORATOR		SEE P
	ress of the Incorporator is:		PN 12: 39
Name: Address:	P. B. S. X follows	_	
	MANO FL 32861	-	
		_	77 7
Having been name	d as registered agent to accept service of proc	ess for the above	stated corporation at the place designated in this
certificate, I am fan	viliar with and accept the appointment as registe	red agent and agre	re to act in this capacity
	~ <i>[</i> // -		a ia
 	2		$3 - \frac{9}{9} - \frac{13}{13}$
	Required Signature of Registered Agent		Date ·
I submit this docum	nent and affirm that the facts stated herein are t	rue. I am aware th	nat any false information submitted in a document
to the Department o	f State constitutes a third degree felony as provid	ded for in s.817.15	5, F.S.
	$\langle \ \rangle \times$		3-10-12
	Required Signature of Incorporator		