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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
9/25/13

## COVER LETTER

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

SUBJECT: United Rheumor Arthritis Society 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: Mika Shearer  
Name (Printed or typed)

2676 Alhaven Ter  
Address

North Port, FL 34286  
City, State & Zip

941-451-4452  
Daytime Telephone number

mshearer13@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: United Rheumor Arthritis Society Inc

**FILED**

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address:  
2676 Alhaven Ter

Mailing address, if different  
Same

North Port, FL 34286

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To raise awareness and educate the public of the health issue  
that are associated with rheumatoid arthritis and other related diseases. To help in the research and study  
for cures and medications so that those affected with the disease can live a happier and more pain-free life.  
To be an advocate for those who feel they do not have a voice and help create more resources for those  
in need of medical treatment and to provide better access to care to those who are unable to do so.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The initial directors  
will be appointed by the CEO, thereafter, the directors will be recommended by the active directors and voted into office.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Penney Messier director Name and Title: Jean Clappe-Mixell-Director

Address: 4020 Prophet Av Address: 1226 Timberhill St.  
North Port FL North Port, FL 34288  
34287

Name and Title: Vanessa Driggers Director Name and Title: \_\_\_\_\_

Address: 20289 Kinderkamack Ave Address: \_\_\_\_\_  
Port Charlotte, FL  
33952

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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\_\_\_\_\_  
13 SEP 23 PM 12: 58  
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: Mika R. Shearer  
Address: 2676 Alhaven Ter  
North Port, FL 34286

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mika R. Shearer  
Address: 2676 Alhaven Ter  
North Port, FL 34286

*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*

Mika R. Shearer  
Required Signature of Registered Agent

09/16/2013

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.*

Mika R. Shearer  
Required Signature of Incorporator

09/16/2013

Date