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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

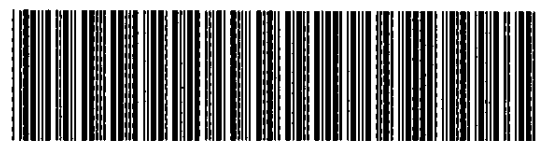
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## COVER LETTER

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

**SUBJECT:** Institute for the Prevention and Treatment of Contagious Mental Illness, 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: Robert Goard**  
Name (Printed or typed)

**3839 NW 7th Place**  
Address

**Deerfield Beach, FL 33442**  
City, State & Zip

**561-750-3173**  
Daytime Telephone number

**robertgoard@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: Institute for the Prevention and Treatment of Contagious Mental Illness, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
3839 NW 7th Place

Deerfield Beach, FL 33432

Mailing address, if different is:  
3839 NW 7th Place

Deerfield Beach, FL 33432

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: (See attached)

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

The method of selection of the Board of Directors and number of directors shall be stated in the bylaws.

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

Name and Title: Robert Goard, President

Address: 3839 NW 7th Place  
Deerfield Beach, FL 33432

Name and Title: Michael Moadel, Treasurer

Address: 3839 NW 7th Place  
Deerfield Beach, FL 33432

Name and Title: Yvonne Hermans, Secretary

Address: 2142 Woodlands Way  
Deerfield Beach, FL 33442

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

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

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

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

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

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

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**Institute for the Prevention and Treatment of Contagious Mental Illness, Inc.**  
**Articles of Incorporation Attachment**

**ARTICLE III PURPOSE**

1. Institute for the Prevention and Treatment of Contagious Mental Illness, Inc.'s mission is to have hatred perceived as a highly contagious mental illness, a very undesirable, and dangerous condition. We want to provide new tools to identify this affliction using scientific studies and provide educational information to the general public on how to avoid this contagion
2. No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office.
3. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE VIII DISSOLUTION**

1. The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private person.
2. The manner of distribution of assets in this Corporation's winding up is as follows:  
Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

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: Robert Goard  
Address: 3839 NW 7th Place  
Deerfield Beach, FL 33432


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Goard  
Address: 3839 NW 7th Place  
Deerfield Beach, FL 33432

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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

11/22/2013  
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.*

  
Required Signature of Incorporator

11/23/2013  
Date