

N14000001532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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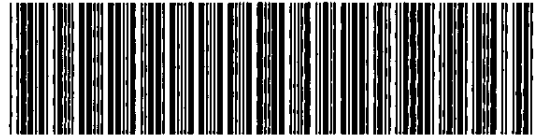
(Business Entity Name)

(Document Number)

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FALANASSETT, CALISA

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COVER LETTER

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

SUBJECT: **Special Needs Advocacy Center, 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: **Special Needs Advocacy Center, Inc.**
Name (Printed or typed)

28059 US Highway 19 N. Suite #101
Address

Clearwater, FL 33761
City, State & Zip

727-712-1710
Daytime Telephone number

ccmoya@tampabay.rr.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: Special Needs Advocacy Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

28059 US Highway 19 N. Suite #101

Clearwater, FL 33761

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific charitable purpose for which the non-profit corporation is organized and for which it shall be operated is to provide support for special needs trustees, lawyers, individual investors, third party administrators, and any other providers of services to special needs trusts for the benefit of disabled children and adults.

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

The manner in which the directors are to be elected and appointed are as it states in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Kamkutis - P
Address: 2874 Chancery Lane
Clearwater, FL 33759

Name and Title: _____

Address: _____

Name and Title: Kevin Hernandez, Esq - VP
Address: 28059 US Highway 19 N.
Suite #101
Clearwater, FL 33761

Name and Title: _____

Address: _____

Name and Title: Carol C. Moya - T
Address: PO Box #636
Oldsmar, FL 34677

Name and Title: _____

Address: _____

FILED
14 FEB 13 PM 9:59
CLERK OF DISTRICT COURT
JANUARY 14 2014

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: Kevin Hernandez, Esq
Address: 28059 US Highway 19 N. Suite #101
Clearwater, FL 33761

14 FEB 13 PM 02:59
CLERK OF COURT
CLERK OF COURT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol C. Moya
Address: PO Box #636
Oldsmar, FL 34677

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

2/7/14
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.

Carol C. Moya
Required Signature of Incorporator

2/7/14
Date