

N140000008315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

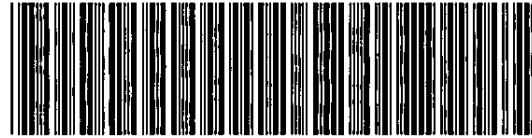
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11141-49535 ymd 9/9

COVER LETTER

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

SUBJECT: Discovery and Translational Sciences Institute, 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: Jacqueline Bain

Name (Printed or typed)

909 S.E. 5th Ave, Suite 200

Address

Delray Beach, FL 33483

City, State & Zip

561-455-7700

Daytime Telephone number

jackie@floridahealthcarelawfirm.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2014

JACQUELINE BAIN
909 S.E.5TH AVE., SUITE 200
DELRAY BEACH, FL 33483

SUBJECT: DISCOVERY AND TRANSLATIONAL SCIENCES INSTITUTE, INC.
Ref. Number: W14000049535

We have received your document for DISCOVERY AND TRANSLATIONAL SCIENCES INSTITUTE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 414A00017387



THE FLORIDA HEALTHCARE LAW FIRM
The Law Offices of Jeff Cohen, P.A.

The Gulfstream Bank Building
909 S.E. 5th Avenue, Suite 200
Delray Beach, Florida 33483

Daytona Beach • Fort Lauderdale • Fort Myers • Melbourne • Naples • Pensacola • Tampa

September 4, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
ATTENTION: Maryanne Dickey

Re: W14000049535
Discovery and Translational Sciences Institute, Inc.

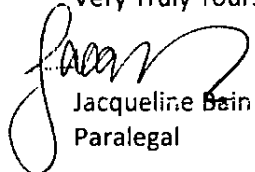
Dear Ms. Dickey,

We received your letter dated August 13, 2014. Enclosed please find the following documents:

- One (1) original document (reference number above);
- One (1) original letter from the President of Discovery and Translational Sciences Institute, Inc. stating that he has no intention of revoking the prior dissolution;
- One (1) copy of all documents referenced above; and
- One (1) copy of your letter dated August 13, 2014.

Do not hesitate to contact me if you have any questions.

Very Truly Yours,


Jacqueline Bain
Paralegal

Enclosures

Discovery and Translational Sciences Institute, Inc.

To Whom It May Concern:
August 28, 2014

611.ED
14 SEP -8 PM 3:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern,

I am the President of Discovery and Translational Sciences Institute, Inc. (document number P14000039594), which filed a voluntary dissolution filed August 4 , 2014. Discovery and Translational Sciences Institute, Inc. has no intention of revoking such dissolution,. Therefore, I request that you release the name for use to another entity, specifically the entity named Discovery and Translational Sciences Institute, Inc. (reference number W14000049535).

Very Truly Yours,



Michael Miller,
as President

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Discovery and Translational Sciences Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3651 FAU Boulevard

Suite 400

Boca Raton, FL 33431

Mailing address, if different is:
same as principal street address

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CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization is organized exclusively for charitable, religious, educational, and scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Miller, President

Address: 3651 FAU Boulevard

Suite 400

Boca Raton, FL 33431

Name and Title: Robert Sewak, Vice President

Address: 3651 FAU Boulevard

Suite 400

Boca Raton, FL 33431

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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STATE OF FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeffrey L. Cohen

Address: 909 S.E. 5th Ave, Suite 200

Delray Beach, FL 33483

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey L. Cohen

Address: 909 S.E. 5th Ave, Suite 200

Delray Beach, FL 33483

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

08/05/2014

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

08/05/2014

Date