N14000011107

(Re	equestor's Name)	
	<i>;</i>	
(Ac	ldress)	
(40	idress)	
(/ 10	idicaa)	
(Cir	ty/State/Zip/Phone	· #)
·		
DICK HD	☐ WAIT	MAIL.
. PICK-UP	VVII	IVIAIL
(D.	TOTAL TOTAL AND A STATE OF THE	
(BL	isiness Entity Nam	ne)
(Dc	ocument Number)	
(20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,	•	
		•
· ·	Office Úse Onl	
	Office Use On!	V



900265908119

12/04/14--01009--020 **78.75 14 DEC -4 PH 2: 22

15/14 pl

COVER LETTER

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

SUBJECT: The Stroke Research Foundation, 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

Robert Mandell

Name (Printed or typed)

5621 Strand Blvd - Ste 109

Address

Naples, FI 34110

City, State & Zip

239-254-8266

Daytime Telephone number

bobmandell@aol.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 The name of the	NAME The Stroke F	Research f	Foundation, Inc		_
ARTICLE II					
562	Principal <u>street</u> address: 21 Strand Blvd		Mailing address, if different is:		
Su	ite 109				
Na	ples, FI 34110	FI 34110 REPOSE the corporation is organized is: Support stroke rehabilitation research LINNER OF ELECTION The manner in which the directors are elected and appointed: INTIAL OFFICERS AND/OR DIRECTORS			
ARTICLE II	I PURPOSE				
The purpose for	or which the corporation is organized is:	upport stro	ke rehabilitation research	<u>'''</u>	
	7.14.		-1		
			ラット 		c 2 - 45.7
		7-1/			C. P. Cest
				- 	1 (m-2-18)
			لَدُ عَلَى الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ ا	.0 23	. F B
			0.50	: 22 [AT]	
ARTICLE IV	MANNER OF ELECTION The m	nanner in which th	72	*	
	will be nominated and elected				
				_	
ARTICLE	V INITIAL OFFICERS AND/OR DI	RECTORS			
Name and Titl	e: Mr. Robert Mandell-Mgr Dir	Name and Title	Dr. Mary Bonnette-Dir		
Address	5621 Strand Blvd	- Address:	1920 Virginia Ave	-	
	Suite 109		Suite 401	-	
	Naples, FI 34110	-	Ft. Myers, FI 33901	-	
Name and Titl	Mrs. Gloria Baker- Dir	- Name and Title		•	
Address	2005 Mitzi Lane			•	
Audiess	Sanibel, Fl 33957	_ Address:		-	
		-		-	
Name of Tid		-		-	
Name and 11th	e:				
Address		_ Address:		-	
		-		-	

• •			
Name and Title:_		Name and Title:	
Address		Address:	
			
Name and Title:_			
Address		Address:	
_			
ARTICLE VI	REGISTERED AGENT		26 F
	prida street address (P.O. Box NOT accepta	able) of the registered agent is:	51 5
Name:	Robert Mandell		DEC -4
Address:	5621 Strand Blvd - Ste	109	
	Naples, Fl 34110		C-4 PM 2: 22
ARTICLE VII	INCORPORATOR		> O(1)
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Robert Mandell		
Address:	5621 Strand Blvd - Ste	109	
	Naples, FI 34110		
Having been nan certificate, I am fo	ned as registered agent to accept service of miliar with and accept the appointment as i	process for the above stated corporegistered agent and agree to act in	oration at the place designated in this this capacity
KM			Dec 1, 2014
. /,	Required Signature of Registered A	gent	Date
I submit this docu to the Department	ment and affirm that the facts stated herein of State constitutes a third degree felony as	are true. I am aware that any falso provided for in s.817.155, F.S.	e information submitted in a document
			Dec 1, 2014
	Required Signature of Incorpo	rator	Date

COVER LETTER

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

SUBJECT: The Stroke Research Foundation, 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

Robert Mandell
Name (Printed or typed)

5621 Strand Blvd - Ste 109
Address

Naples, Fl 34110
City, State & Zip

239-254-8266

Daytime Telephone number

z z j mile i otopnone namovi

bobmandell@aol.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 The name of the	he corporation shall be: The Stroke R	search Foundation	n, Inc
<u>ARTICLE II</u>	PRINCIPAL OFFICE		
562	Principal <u>street</u> address: 21 Strand Blvd	Mailing a	ddress, if different is:
Su	uite 109		
Na	aples, Fl 34110		
ARTICLE I	II PURPOSE for which the corporation is organized is:	port stroke rehabi	litation research
The purpose 1	for which the corporation is organized is:		55 B
			1
			E. E.
-		. , , , , , , , , , , , , , , , , , , ,	22 22 22 22 22 22 22 22 22 22 22 22 22
ARTICLE I	W MANNER OF ELECTION The m will be nominated and elected	nner in which the directors are el	ected and appointed:
Directors	will be nominated and elected		
ARTICLE	V INITIAL OFFICERS AND/OR DI	<u>ECTORS</u>	
Name and Ti	Mr. Robert Mandell-Mgr Dir	Name and Title: Dr. Mary	Bonnette-Dir
Address	5621 Strand Blvd		ginia Ave
Addi 033	Suite 109	Suite 40	1
	Naples, Fl 34110	Ft. Myer	s, Fl 33901
Name and Ti	Mrs. Gloria Baker- Dir	Name and Title:	
Address	2005 Mitzi Lane		
Adoress	Sanibel, Fl 33957	Address:	
			
Name and Ti	itle:	Name and Title:	
Address			
			1200
			

ame and Title:_	Name and Title:	
ddress	Address:	
ame and Title:_	Name and Title:Address:	
	· · · · · · · · · · · · · · · · · · ·	
RTICLE VI he name and Fl Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered age Robert Mandell	ent is:
Address:	5621 Strand Blvd - Ste 109	STATION STATE
Address.	Naples, FI 34110	TE 22
RTICLE VII	INCORPORATOR Idress of the Incorporator is:	
Name:	Robert Mandell	
	5621 Strand Blvd - Ste 109	
Address:		
Address:	Naples, FI 34110	
laving been nar	Naples, Fl 34110 ned as registered agent to accept service of process for the above samiliar with and accept the appointment as registered agent and agr	
laving been nar	ned as registered agent to accept service of process for the above :	
laving been nar	ned as registered agent to accept service of process for the above :	ree to act in this capacity
laving been nar ertificate, I am f submit this doc	ned as registered agent to accept service of process for the above samiliar with and accept the appointment as registered agent and agr	ree to act in this capacity Dec 1, 2014 Date hat any false information submitted in a docum
Having been nar certificate, I am f	ned as registered agent to accept service of process for the above a familiar with and accept the appointment as registered agent and agent Required Signature of Registered Agent ument and affirm that the facts stated herein are true. I am aware the	ree to act in this capacity Dec 1, 2014 Date hat any false information submitted in a docum

.