

N14000011107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

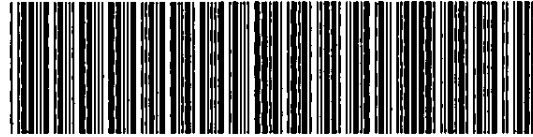
(Business Entity Name)

(Document Number)

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FALLAHSSEE, FLORIDA

12/5/14 ch

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

FROM: Robert Mandell
Name (Printed or typed)

5621 Strand Blvd - Ste 109
Address

Naples, FL 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 NAME

The name of the corporation shall be: The Stroke Research Foundation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5621 Strand Blvd

Suite 109

Naples, FI 34110

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Support stroke rehabilitation research

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

Directors will be nominated and elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. Robert Mandell-Mgr Dir

Address: 5621 Strand Blvd
Suite 109
Naples, FI 34110

Name and Title: Dr. Mary Bonnette-Dir

Address: 1920 Virginia Ave
Suite 401
Ft. Myers, FI 33901

Name and Title: Mrs. Gloria Baker- Dir

Address: 2005 Mitzi Lane
Sanibel, FI 33957

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 DEC -4 PM 2:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 Mandell

Address: 5621 Strand Blvd - Ste 109

Naples, FI 34110

14 DEC -4 PM 2:22
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Mandell

Address: 5621 Strand Blvd - Ste 109

Naples, FI 34110

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

Dec 1, 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

Dec 1, 2014

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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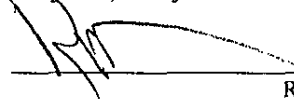
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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