

NIS 00004337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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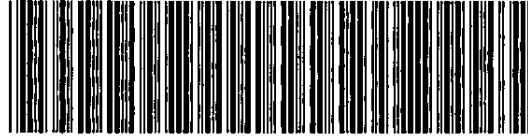
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 APR 24 PM 2:11
SECRETARY OF STATE
LAHASSEE, IL 61819

4/29/15

COVER LETTER

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

SUBJECT: **FAIR 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: **Glynn Lee Moran**

Name (Printed or typed)

515 E. Las Olas Blvd #120

Address

Ft. Lauderdale, FL 33301

City, State & Zip

954 366 2922

Daytime Telephone number

lmoran@floridainsurancere

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: FAIR Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

515 E. Las Olas Blvd

Suite 120

Ft. Lauderdale, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

ARTICLE III PURPOSE The purpose for which the corporation is organized is: The FAIR Foundation was created with

the objective of developing an association dedicated to pursuing insurance related issues in a purely academic role. The foundation will serve as a resource for both the private and public sector to access non-partisan white papers written by subject matter experts, as well as surveys and other research initiatives conducive to enhancing customer protections while maintaining a robust insurance market.

ARTICLE IV MANNER OF ELECTION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Members
will be appointed and elected during the annual meeting to be held every Septemt

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Handerman, Treasur

Address 1500 Gateway Blvd Ad
Suite 220
Boynton Beach, FL 33426

Name and Title: **Jay Neal, President**

Address: 515 E. Las Olas Blvd
Suite. 120
Ft. Lauderdale, FL 33301

Name and Title: **Glynn Lee Moran, Director**

Address 515 E. Las Olas Blvd
Suite120
Ft. Lauderdale, FL 33300

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: _____

ARTICLE VI REGISTERED AGENT

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

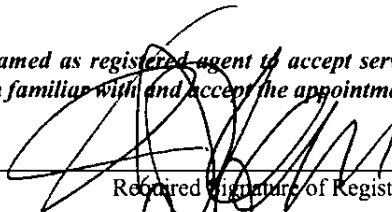
Name: Jay Neal
Address: 515 E. Las Olas Blvd. #120
Ft. Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Glynn Lee Moran
Address: 515 E. Las Olas Blvd. #120
Ft. Lauderdale, FL 33301

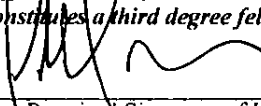
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

8 April 2015
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

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Date