

N15000008626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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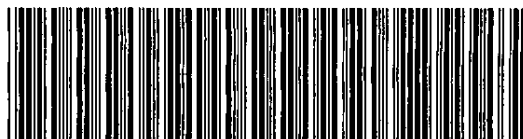
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ca 9/9/15

COVER LETTER

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

SUBJECT: **Tourette's Hope 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: **Michael Mardarello**

Name (Printed or typed)

1835 Sherman St.

Address

HOLLYWOOD Florida 33020

City, State & Zip

Daytime Telephone number

mikemardarello@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Tourette's Hope Center Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
1835 Sherman St.

HOLLYWOOD Florida 33020

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is formed for charitable purposes within the meaning of the IRS code sec 501(c)(3), namely, to assist people suffering with Tourette's Syndrome in the state of Florida and elsewhere to manage, lessen and overcome their symptoms and become more integrated as productive members of society.
This organization will reach out to Tourette's Sufferers of limited financial means, providing guidance and funding so they can undergo comprehensive individualized treatment programs. The organization will maintain wide contacts with the general community to help them find acceptance, employment and love. In the event of the dissolution of this corporation, the directors will, after clearing all debts, will distribute all remaining assets to other organizations recognized by the IRS under Sec 501(c)(3) with similar goals.

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

Nomination by Chair or CEO, ratification by a majority of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Asher Mor Dir and Chair

Address: 1001 NE 2nd St Apt 2
Hallandale Beach FL 33009

Name and Title: Michael Mardarello CEO

Address: 1835 Sherman St.
HOLLYWOOD Florida 33020

Name and Title: Shlomo Hollander Dir.

Address: 1755 E Hallandale Beach Blvd
Hallandale Beach FL 33009

Name and Title: _____

Address: _____

Name and Title: Ricardo Bernal Dir.

Address: 1705 N.E. 185th. St. Apt.#118
North Miami Beach 33179

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: Michael Mardarelo
Address: 1835 Sherman St.
HOLLYWOOD Florida 33020


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: Michael Mardarelo
Address: 1835 Sherman St.
HOLLYWOOD Florida 33020

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

8/23/2015
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

8/23/2015
Date