

N170000004203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

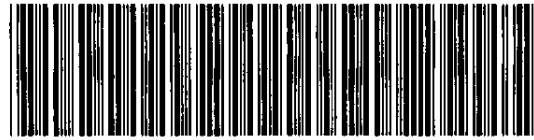
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600297895206

04/17/17--01029--015 \*\*87.50

FILED  
17 APR 17 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/18/17

## COVER LETTER

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

**SUBJECT:** Palm Beach Trykers Chapter of National AMBUCS, 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: Glenda Harrell  
\_\_\_\_\_  
Name (Printed or typed)

4285 Regency Drive  
\_\_\_\_\_  
Address

Greensboro, NC 27410  
\_\_\_\_\_  
City, State & Zip

336.852.0052 Ext. 111  
\_\_\_\_\_  
Daytime Telephone number

glendah@ambucs.org  
\_\_\_\_\_  
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: Palm Beach Trykers Chapter of National AMBUCS, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
Progressive Pediatric Therapy

3898 Via Poinciana, Suite 17

Lake Worth, Florida 33467

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To create mobility and independence for people with disabilities.

77 APR 17 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Provided in bylaws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victoria Onofry, President

Name and Title: \_\_\_\_\_

Address: 108 Miramar Avenue

Address: \_\_\_\_\_

Royal Palm Beach, Florida 33411

Name and Title: Keith Onofry, Treasurer

Name and Title: \_\_\_\_\_

Address: 108 Miramar Avenue

Address: \_\_\_\_\_

Royal Palm Beach, Florida 33411

Name and Title: Kristen Brenner, Secretary

Name and Title: \_\_\_\_\_

Address: 3138 Dolan Road

Address: \_\_\_\_\_

Palm Springs, Florida 33406

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:

Victoria Onofry

Address:

108 Miramar Avenue

Royal Palm Beach, FL 33411

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Glenda Harrell

Address:

4285 Regency Road

Greensboro, NC 27410

FILED  
77 APR 17 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Victoria Onofry*  
\_\_\_\_\_  
Required Signature of Registered Agent

04.06.2017

\_\_\_\_\_  
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.*

*Glenda Harrell*  
\_\_\_\_\_  
Required Signature of Incorporator

04.06.2017

\_\_\_\_\_  
Date