N17 000 006 926

(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:

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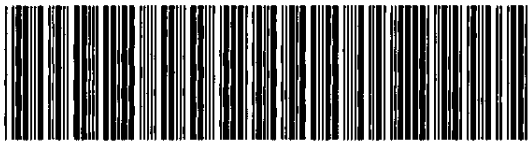

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JUL 5 2017

COVER LETTER

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

SUBJECT: Alzheimer's Conversation Project, 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: Donna Raphael
Name (Printed or typed)

5582 Wellesley Park Drive, Unit 301
Address

Boca Raton, FL 33433
City, State & Zip

917-688-8518
Daytime Telephone number

donnaraph@gmail.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: Alzheimer's Conversation Project, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5582 Wellesley Park Drive
Unit 301
Boca Raton, FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Is to use education to improve the lives of all those who are affected by Alzheimer's disease, as well as spread knowledge about the disease so that those who need it have access to research and clinical trials.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Raphael, President
Address: 5582 Wellesley Park Drive
Unit 301
Boca Raton, FL 33433

Name and Title: Patricia Jones, Secretary
Address: 935 St. Nicholas Avenue
New York, NY 10032

Name and Title: Garth Martin, Treasurer
Address: 8362 Woodbine Avenue
Markham, Ontario Canada
L3R 2M6

Name and Title:
Address:

Name and Title:
Address:

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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: Donna Raphael

Address: 5582 Wellesley Park Drive, Unit 301

Boca Raton, FL 33433

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ARTICLE VII INCORPORATOR

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

Name: Donna Raphael

Address: 5582 Wellesley Park Drive, Unit 301

Boca Raton, FL 33433

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

_____ June 29, 2017

Required Signature of Registered Agent 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.

_____ June 29, 2017

Required Signature of Incorporator Date