

N17000008428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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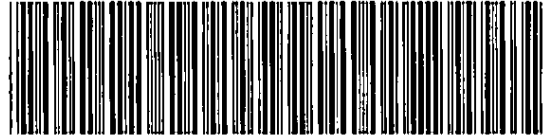
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

08/15/17

## COVER LETTER

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

**SUBJECT:** Local Road Safety 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:** Brian Roberts  
\_\_\_\_\_  
Name (Printed or typed)

660 N Capital St, Suite 420  
\_\_\_\_\_  
Address

Washington, DC 20001  
\_\_\_\_\_  
City, State & Zip

202-393-5041  
\_\_\_\_\_  
Daytime Telephone number

NACE@naco.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: Local Road Safety Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
660 N Capital St, Suite 420

Washington, DC 20001

Mailing address, if different is:

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U.S. MAIL  
STATE  
CALIFORNIA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The Local Road Safety Foundation, Inc. is dedicated to reducing fatalities and serious injuries on the local road network.

Through collaborative partnerships in outreach and education, the foundation exists to empower local road owners in developing and implementing road safety programs.

If it becomes necessary to dissolve the Local Road Safety Foundation, Inc., all assets shall be transferred to the Board of Directors of the National Association of County Engineers. In no event, shall any member or other individual directly profit from such dissolution.

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

are elected by members of the National Association of County Engineers.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Brian Keierleber, President

Address: 1511 1st St., E.  
Independence, IA 50644-3123

Name and Title: Rich Sanders, President-Elect

Address: 820 Old Highway 75 S  
Crookston, MN 56716-2142

Name and Title: Tim Hens, Secretary-Treasurer

Address: 153 Cedar Street  
Batavia NY 14020

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: Ramon Gavarrete  
Address: 5620 NW 120th Lane  
Gainesville, FL 32653

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brian Roberts  
Address: 660 N capital St, Suite 420  
Washington, DC 20001

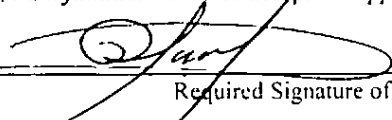
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

7/24/2017  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

7/24/2017  
Date