

N 18 000 001 367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

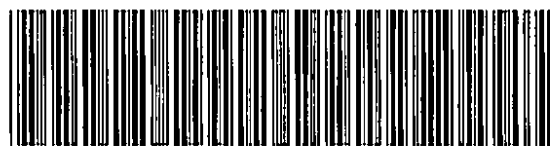
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700308530747

02/02/18--01015--016 \*\*70.00

FILED  
18 FEB -2 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 08 2018

## COVER LETTER

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

SUBJECT: Feedback Research Institute, 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: Brynne Rorke {Yippiekiyay Nonprofit Solution:  
Name (Printed or typed)

6295 Greenwood Plaza Blvd. Ste 100

Address

Greenwood Village, CO 80111

City, State & Zip

303-747-4793

Daytime Telephone number

support@heroes.do

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**            Feedback Research Institute, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
10577 Whitewind Circle

Mailing address, if different is:

Boynton Beach, FL 33473

**ARTICLE III    PURPOSE**

to plan and conduct research on mental health services.

The purpose for which the corporation is organized is: \_\_\_\_\_  
See attached.

FILED  
18 FEB -2 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

As provided for in bylaws.

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

Name and Title: Leonard Bickman- President

Address: 10577 Whitewind Circle

Boynton Beach, FL 33473

Name and Title: Kim Hoagwood- Director

Address: 10577 Whitewind Circle

Boynton Beach, FL 33473

Name and Title: Thomas Sexton- Sec/Treas

Address: 10577 Whitewind Circle

Boynton Beach, FL 33473

Name and Title: Jon Lawrence- Director

Address: 10577 Whitewind Circle

Boynton Beach, FL 33473

Name and Title: Dominick Spera- Director

Address: 10577 Whitewind Circle

Boynton Beach, FL 33473

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: Leonard Bickman  
Address: 10577 Whitewind Circle  
Boynton Beach, FL 33473

FILED  
18 FEB -2 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leonard Bickman  
Address: 10577 Whitewind Circle  
Boynton Beach, FL 33473

*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*

*Leonard Bickman*

1/24/2018

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

*Leonard Bickman*

1/24/2018

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

\_\_\_\_\_  
Date

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*