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(City/State/Zip/Phone #)

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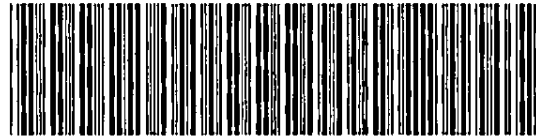
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2019 JAN -3 PM 12:25
FALLS CHURCH, VA

COVER LETTER

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

SUBJECT: American Board of Vascular Surgery, 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: Nancy Conte, Paralegal for Campolo, Middleton & McCormick, LLP

Name (Printed or typed)

4175 Veterans Memorial Highway, Suite 400

Address

Ronkonkoma, New York 11779

City, State & Zip

631-738-9100

Daytime Telephone number

ptm@ptmhem.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
OF
AMERICAN BOARD OF VASCULAR SURGERY, INC.**

In compliance with Chapter 617, F.S., (Not for Profit)

2018 JAN -3 PM 12:25
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-08-2018 BY 60322

1. The name of the corporation is American Board of Vascular Surgery, Inc. (the "Corporation").
2. The initial principal office and mailing address of the Corporation in the State of Florida is located at 10062 SE Osprey Pointe Drive, Hobe Sound, FL 33455.
3. The purposes of the Corporation are:
 - a. To establish a mechanism for the qualification, training, review, and certification of surgeons performing vascular surgery;
 - b. To achieve and maintain the highest professional standards of vascular surgery;
 - c. To foster and promote programs of continuing education in vascular surgery;
 - d. To solicit, receive, and maintain a fund or funds of real or personal property, or both, and subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income and principal of the funds exclusively for the purposes set forth herein; and
 - e. To engage in any lawful act or activity for which not for profit corporations may be organized under the Florida Not For Profit Corporation Act and Section 501(c)(6) of the Internal Revenue Code (the "Code").

Notwithstanding any provision of this Certificate or any provisions of applicable state law to the contrary, the Corporation is not authorized to make any payments or distributions, to engage in regular business of a kind ordinarily carried on for profit or otherwise carry on any activities, which would cause it to fail to qualify, or to continue to qualify, as an organization exempt from federal income tax under Section 501(c)(6) of the Code.

4. The manner in which the directors of the Corporation are elected or appointed shall be provided in the bylaws of the Corporation.
5. The name and mailing addresses of the initial directors of the Corporation are as follows:
 - a. Alan Dietzek, MD – 41 Germantown Rd, Danbury, CT 06810;
 - b. Benjamin Starnes, MD – 325 Ninth Ave., Seattle, WA 98104-2499;
 - c. Sean Lyden, MD – c/o Cleveland Clinic, 9500 Euclid Ave, Cleveland, OH 44106; and
 - d. Jeffrey Hsu, MD – c/o Kaiser Permanente, 9961 Sierra Ave, Fontana, CA 92335.
6. The conditions of membership shall be as set forth in the bylaws of the Corporation.
7. The Corporation is not organized for profit and no part of the net earnings shall inure to the benefit of any individual having a personal or private interest in the activities of the Corporation.

8. No director, officer, or other private individual shall be entitled to share in the distribution of any of the Corporation's assets upon dissolution of the Corporation or upon the winding up of the Corporation's affairs. Upon the dissolution or winding up of the Corporation, its assets remaining after payment, or adequate provision for payment, of all debts and liabilities of this Corporation shall be distributed by the board of directors for similar or identical uses and purposes as set forth in Section 3 of this Certificate of Incorporation, to one or more organizations then-qualified under Section 501(c)(6) of the Code, or any successor provision thereof.

9. The name and Florida street address of the registered agent are as follows:

Pauline T. Mayer
10062 SE Osprey Pointe Drive
Hobe Sound, FL 33455

10. The name and mailing address of the incorporator are as follows:

Pauline T. Mayer
10062 SE Osprey Pointe Drive
Hobe Sound, FL 33455

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.

By: /s/ Pauline T. Mayer
Name: Pauline T. Mayer, Incorporator
Date: December 27, 2018

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

By: /s/ Pauline T. Mayer
Name: Pauline T. Mayer, Registered Agent
Date: December 27, 2018