

N19000012812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

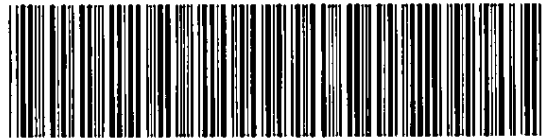
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. SCOTT

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COVER LETTER

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

SUBJECT: Tourette's Hope Center 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: Michael Mardarello
Name (Printed or typed)

1605 SW 26th St
Address

Fort Lauderdale FL 33315
City, State & Zip

(954) 515-7705
Daytime Telephone number

mikemardarello@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: Tourette's Hope Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

1605 SW 26th St

Ft Lauderdale FL 33315

Mailing address, if different is:

1109 N. Federal HWY

Unit #2

Hollywood, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is formed for charitable purposes within the meaning of the

IRS codesec 501(c)(3), namely, to assist people suffering with Tourette's Syndrome in the state of Florida and elsewhere
to manage, lessen and overcome their symptoms and become more integrated as productive members of society.

This organization will reach out to Tourette's Sufferers with limited financial means, providing guidance and funding so they can
undergo comprehensive individualized treatment programs. The organization will maintain wide contacts with the general
community to help them find acceptance, employment and love. In the event of the dissolution of this corporation, the directors will, after
clearing all debts, will distribute all remaining assets to other organizations recognized by the IRS under Sec 501(c)(3) with similar goals.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointment by chair, ratification by a majority of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Asher Mor Dir

Address: 1001 NE 2nd St Apt 2
Hallandale Beach FL 33009

Name and Title: ---

Address: -----

Name and Title: Shlomo Hollander Dir

Address: 1755 E Hallandale Beach Blvd
Hallandale Beach FL 33009

Name and Title: -----

Address: -----

Name and Title: Michael Mardarello Dir/Pres

Address: 1605 SW 26th St
Fort Lauderdale FL 33315

Name and Title: -----

Address: -----

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FILED

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:

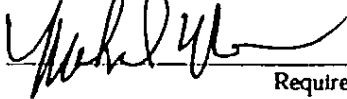
Name: Michael Mardareilo
Address: 1605 SW 26th St
Fort Lauderdale FL 33315

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Michael Mardareilo
Address: 1605 SW 26th St
Fort Lauderdale FL 33315

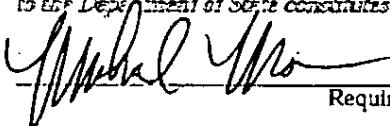
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

11/18/2019
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

11/18/2019
Date