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# **COVER LETTER**

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

SUBJECT:	lualSRO Inc		
	Jua SRO IVC (PROPOSED CORPORA	VTE NAME – <u>MUST INCL</u>	<u>ŪDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
√\$70.00 Filing Fee	□ \$78.75 Filing Fe¢ & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	Pauling Con Nam 5077 Fruit	$\sim$ $\sim$ $\sim$	# 109-239
	Sarasota F	<u>( 34932</u> , State & Zip	
	941, 549 Daytime	1 · 8843  Felephone number	
7		SO FOI DECOUPED FOR FUTURE ANNUAL REPORT F	

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

Of Equal, SRQ, Inc.

The undersigned, a majority of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Corporation Law of Florida Chapter 617.F.S., do hereby certify:

### ARTICLE I NAME

The name of the corporation shall be:

EqualSRQ, Inc.

### ARTICLE II PRINCIPAL OFFICE

The place in this state where the principal office of the Corporation is to be located in Sarasota County.

Principal street address:

5077 Fruitville Road

Unit 109-239

Sarasota, FL 34232

Mailing address:

Same as principal office

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EqualSrq, Inc. is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or to any corresponding provision of any future federal tax laws, as follows:

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To work with people to enter and engage in recovery from addictions and behavioral health disorders through peer-to-peer interaction and evidence based practices to promote a healthy community.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed is as provided for in the bylaws.

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Alan Tobiason President PO Box 5838 Sarasota, FL 34277

David Smith Vice-President 5077 Fruitville Road, Unit 109-239 Sarasota, FL 34232

Terry Edgerton Secretary/Treasurer 7389 60th Ave East Palmetto FL 34221

# ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Paulina Connolly 5077 Fruitville Road Unit 109-239 Sarasota, FL 34232

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paulina Connolly 5077 Fruitville Road Unit 109-239 Sarasota, FL 34232

# **ARTICLE VIII EFFECTIVE DATE**

Effective date is to be the day of filing.

# ARTICLE IX EXEMPTION REQUIREMENTS

The following shall operate as conditions restricting the operations and activities of the Corporation:

1. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in article IV hereof.

- 2. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in, (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.
- 3. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from federal income tax under section 501c3 of the Internal Revenue Code, or the corresponding section of any future federal tax code or (2) by a corporation, contributions to which are deductible under section 170 (0)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

#### **Article X Dissolution**

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed by a Court of Competent Jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organizations, as said Court shall determine, which are organized and operated for such purposes.

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 Age

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 Incorporato

#### NAME RELEASE

EQUALSRQ, LLC. (Document #L21000367975) has filed a motion for dissolution as of 3/14/23, and wishes for the name EQUALSRQ to be permanently released to be used by a new non-profit that we are organizing under the name EQUALSRQ, INC (Document #W23000032339). The members of the limited liability company wish for this release to be permanent. We do not intend to reinstate this organization as a limited liability corporation with this name.

I am authorized to take action for both organizations, as indicated by my signature below.

Taur Comely
Paulina Connolly

Date

# STATE OF FLORIDA COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me by physical presence this  $\frac{\sqrt{7}}{2023}$  day of March, 2023, by Paulina Connolly, who is either personally known to me or produced identification.

Signature of Notary Public

SEAL

Personally known to me: (

OR

Produced identification ( // )

Type of Identification Produced: FLDC

Identification Number: (540-670-64-715-0

Notary Public State of Florida
Shaquani L Gram
Mr Commission GG 907513
Exarcs 27262723

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