

N24000004429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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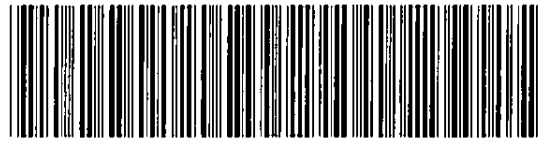
(Business Entity Name)

(Document Number)

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APR 11 2024

CLERK OF CIRCUIT COURT

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CLERK OF STATE
TREASURER, FL

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COVER LETTER

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

SUBJECT: CASK Warriors 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: Terry Storella

Name (Printed or typed)

9730 Trumpet Vine Loop

Address

Trinity, FL 34655

City, State & Zip

(857) 363-0435

Daytime Telephone number

info@caskwarriors.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: CASK Warriors Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9730 Trumpet Vine Loop

Trinity, FL 34655

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to raise funds and awareness for gene therapy for CASK related disorders,
and to raise funds and awareness for other rare disorders and conditions.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by vote of the
directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry Sorella, Director/President

Address: 9730 Trumpet Vine Loop
Trinity, FL 34655

Name and Title: Helene Levinsky, Director/Secretary

Address: 9730 Trumpet Vine Loop
Trinity, FL 34655

Name and Title: Bruce Levinsky, Director

Address: 9730 Trumpet Vine Loop
Trinity, FL 34655

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2024 MAR -4 PM 2:21
CLERK OF STATE
TALLAHASSEE, FL

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: Terry Storella

Address: 9730 Trumpet Vine Loop

Trinity, FL 34655

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2024 MAR -4 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Terry Storella

Address: 9730 Trumpet Vine Loop

Trinity, FL 34655

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

Terry A. Storella

ID 118XN80sK5FZqKHgG3gJutn8

Required Signature of Registered Agent

2/29/2024

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.

Terry A. Storella

ID 118XN80sK5FZqKHgG3gJutn8

Required Signature of Incorporator

2/29/2024

Date

eSignature Details

Signer ID:	1t8XN8dsK5FZqXHgG3gjtn8
Signed by:	Terry Storella
Sent to email:	info@caskwarriors.com
IP Address:	144.129.218.134
Signed at:	Feb 29 2024, 12:08 pm EST