

N/24000004717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

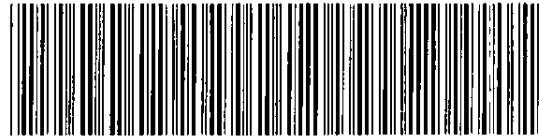
(Document Number)

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

Special Instructions to Filing Officer:

n/24/xxxx023118

Office Use Only



800412804318

01/11/24--01037--004 \*\*70.00

FILED  
2024 APR 17 AM 10:52  
STATE  
TALLAHASSEE, FL

MS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2024

NORMAN WOOD  
2777 PIONEER ROAD APT. 4  
ORLANDO FL 32808 US

SUBJECT: NORMAN WOOD MEMORIAL STROKE FOUNDATION CORP  
Ref Number: WFM000023198

We have received your document for NORMAN WOOD MEMORIAL STROKE FOUNDATION CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

3 DIRECTORS MUST BE LISTED FOR NON-PROFITS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052

Rickey L Richardson  
Regulatory Specialist II

Letter Number: 624A00003047

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32309

FILED

2024 APR 17 AM 10:52

FILED

COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32311

SUBJECT: NormanWessel Memorial Stroke Foundation Corp  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUBJECT)

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: David Wood  
Name (Printed or typed)  
2710 Pioneer Rd Apt 4  
Address  
Orlando, Florida 32808  
City, State & Zip  
321.560127  
Daytime Telephone number  
wood@oda.or.sau.edu  
E-mail address (to be used for future annual report notification)

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

2024 APR 17 AM 10:52  
OFFICE OF THE CLERK  
CORPORATION DIVISION  
TALLAHASSEE, FL

FILED

**ARTICLES OF INCORPORATION**  
in compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME  
The name of the corporation shall be Norman Wood Memorial Stroke Foundation Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2710 Pioneer Rd Apt 4 Mailing address, if different is: \_\_\_\_\_  
Orlando \_\_\_\_\_  
Florida 32808 \_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Charitable organization to provide support to stroke victims, and back to school supplies.  
On Dec 22nd 2021, my dad Mr. Norman Wood became ill. He was in our hometown, Port Antonio a city in the parish of Portland Jamaica. Due to the lack of resources at the local hospital, they could not provide Mr Wood the care he needed due to no CT Scan Machine. He was taken to the next hospital a hour away by family members due to no ambulance on site, where he was met with the same fail. They too did not have a CT Scan machine or ambulance either. He laid in that hospital for 12 before he died from a Hemorrhagic stroke. This organization is to help prevent other stroke victims from going through what Mr wood went through. The long term goal is to fund a CT Scan machine for the local hospital, provide resources for high blood pressure residents and give school supplies to kids!

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed Elected at Annual m.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	<u>David Anthony Wood, CFO</u>	Name and Title	<u>Jahmoy Franklyn, Director of Operation</u>
Address	<u>2710 Pioneer Rd, APT 4</u>	Address	<u>Port Antonio PO</u>
	<u>Orlando</u>		<u>Portland</u>
	<u>Florida 32808</u>		<u>Jamaica</u>
Name and Title	<u>Milton Franklyn, CEO</u>	Name and Title	<u>JOE EULENT GRANT, DIRECTOR</u>
Address	<u>3220 Normandy Woods Dr</u>	Address	<u>2710 PIONEER RD, APT 4</u>
	<u>Ellicott City</u>		<u>ORLANDO FL</u>
	<u>MD 21043</u>		<u>32809</u>
Name and Title	_____	Name and Title	<u>SHERON WOOD, DIRECTOR</u>
Address	_____	Address	<u>261 DUALYN DRIVE</u>
	_____		<u>SUMMERVILLE SC</u>
	_____		<u>29426</u>

FILED  
 2024 APR 17 AM 10:52  
 HALL COUNTY CLERK  
 FLORIDA

FILED

2024 APR 17 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FL

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

ARTICLE VI. REGISTERED AGENT

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

Name David Wood  
Address 2710 Pioneer Rd APT 4  
Orlando, Florida 32808

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Name David Wood  
Address 2710 Pioneer Rd Apt 4  
Orlando Florida 32808

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.

David Wood \_\_\_\_\_ 10/17/2023  
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 §817.155, F.S.

David Wood \_\_\_\_\_ 10/17/2023  
Required Signature of Incorporator Date