

N95000002423

James Noble
11383 Salters St.
Spring Hill, Fl. 34609

April 24, 1995

Secretary State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

FILED
95 MAY 18 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

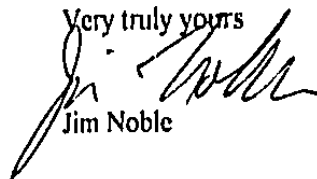
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*****75.00 *****75.00

Re: Incorporation

Dear Mr. Secretary,

Enclosed are the articles of Incorporation for TRI-County Head Injury Association with the required fees. Thank you for your assistance in this matter.

Very truly yours


Jim Noble

513, 638, ~~626~~, 531
11/95-9189



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum
Secretary of State

May 2, 1995

JIM NOBLE
11383 SALTERS ST.
SPRING HILL, FL 34609

SUBJECT: TRI-COUNTY HEAD INJURY ASSOCIATION, A NON PROFIT
ASSOCIATION
Ref. Number: W9500009189

We have received your document for TRI-COUNTY HEAD INJURY ASSOCIATION, A NON PROFIT ASSOCIATION and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

Bylaws are not filed with this office. Please retain them for your records.

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 (904) 487-6973.

AMANDA HERRING
Document Specialist

Letter Number: 095A00020918

ARTICLES OF INCORPORATION

Article 1.

The name of the corporation is TRI-COUNTY HEAD INJURY
ASSOCIATION, A NON-PROFIT ASSOCIATION INC.

Article 2.

This corporation shall exist perpetually unless dissolved
according to Florida law.

Article 3.

The principal place of business and mailing address is: 4213
MARINER BLVD. SUITE 185 SPRING HILL, FLORIDA 34609

Article 4.

The corporation is organized for the purpose of engaging in
activities of benevolent, civic support and assistance for
traumatic brain injury survivors and their families permitted under
the laws of the United States and the State of Florida for a non-
profit corporation. The association wishes to assist in social
services, housing and medical issues related to traumatic brain
injury survivorship.

Article 5.

The corporation shall have the authority to issue membership
certificates for all persons meeting the organized purpose of the
organization missions.

Article 6.

The registered agent of the corporation is:

Joseph J. Adamo

and the registered address is:

Suite 185, 4205 mariner blvd., Spring Hill, Fl. 34609

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TALLAHASSEE, FLORIDA

Article 7.

The initial Board of Directors shall have three (3) members.
The names and addresses are as follows:

PRESIDENT/SURVIVOR: James T. Noble
Address: 11383 Salters St. Spring Hill, Fl. 34609

VICE PRESIDENT: Joseph J. Adamo
Address: 3050 N.E. 48th Ct., #205 Lighthouse Point, Fl

SECRETARY: Michael Mpazicos.
Address: 509 N.W. 43 Place, Pompano Bch., Fl. 33064

TREASURER: Michael Mpazicos
Address: above

The number of directors may be raised or lowered by amendments of the bylaws of the corporation but shall never be less than one. Election of directors shall be held every two years commencing with the incorporation date. The directors shall maintain a survivor member with five years or greater survivorship and with consideration of medical capacity. Election procedures for officers and directors shall be discussed in detail in the By-Laws.

ARTICLE 8.

The Incorporator of this corporation is: Joseph J. Adamo.

SWORN TO and SIGNED this 25th day of April, 1995.


Incorporator: Joseph J. Adamo

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agreed to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

SWORN TO and SIGNED this 25th Day of April, 1995.

Registered Agent, 
Joseph J. Adamo