

N 95000003417

LEARNING DISABILITY ASSOCIATION, INC.

(Requestor's Name)

P.O. BOX 932

(Address)

STUART, FL 34995

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

300001499483

-05/26/95--01001--011

*****78.75 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LEARNING DISABILITY ASSOCIATION, INC. MARTIN COUNTY
(Corporation Name) (Document #)
2. CHAPTER
(Corporation Name) (Document #)
3.
(Corporation Name) (Document #)
4.
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

626
706
306
W95- 11320
Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 1, 1995

MADAI C. GIRARD
P.O. BOX 932
STUART, FL 34995

SUBJECT: LEARNING DISABILITY ASSOCIATION, INC. MARTIN COUNTY
CHAPTER
Ref. Number: W95000011320

We have received your document for LEARNING DISABILITY ASSOCIATION, INC. MARTIN COUNTY CHAPTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6931.

Steven Godfrey
Corporate Specialist

Letter Number: 595A00027404

ARTICLES OF INCORPORATION

The undersigned acting as incorporator of a corporation pursuant to Chapter 617, Florida Statutes, adopt the following Articles of Incorporation

ARTICLE I

The name of the corporation shall be: **Learning Disabilities Association, Inc.
Martin County Chapter**

ARTICLE II

The principal place of business and the mailing address of this corporation shall be:
P O. Box 932 Stuart, FL 34995

ARTICLE III

The specific purpose for which the corporation is organized is to help advance the education and general welfare of parents of children with a learning disability.

ARTICLE IV

Manner in which the directors are elected or appointed is as follows:

Directors are elected for a term of one year by the general membership following the By-Laws

ARTICLE V

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI

The name and the street address of the initial registered agent is:

Susan Grofic 5427 River Landing Palm City, FL 34990

ARTICLE VII

The name and the street address of the incorporator for these articles of incorporation is:
President Madai C. Girard 3861 SW Bimini Cir Palm City, FL 34990

The undersigned incorporator has executed these Articles of Incorporation this 18 day of May, 1995.

Signature of Incorporator

Madai C. Girard *Madai C. Girard*

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0507, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the coproation is: **Learning Disabilities Association, Inc,
Martin County Chapter**

2. The name and address of the registered agent and office is:
Susan Grofic
5427 Landing Creek
Palm City, FL 34990

Having been named as registed agent and to accept service of process for the above stated coproation at the place designated in this certiifcate, I hereby accept the appointment as registed agent and agree 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 accpet the obligations of my position as registered agent.

Susan M Grofic
Signature

5-14-95
Date