N96000005676

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

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SUBJECT:		The Disability Research Foundation, Inc. (Proposed corporate name - must include suffix)						
Enclosed is ar	n original and (one(1) copy of t	he articles of incorpo	ration and a check fo	nr '			
	\$70.00 Filing Fee	★ \$78.75 Filing Fee	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy	•			
leru	au Certh	PRUTE TO	t .	& Certificate				
FROM:		D. M. Ander Name	rson (Printed or typed)	MLLAR.	SS 1132	· <u>n</u>]		
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

The Disability Research Foundation, Inc.

ARTICLE II

Principal place of business and mailing address
The principal place of business and mailing address of this corporation shall be:

P. O. Box 401 Palatka, FL 32178

ARTICLE III

- Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To provide services and funds for research, education and assistance of disabled persons.

ARTICLE IV

Manner of election of directors

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

The directors shall be elected by the membership at their annual meeting.

ARTICLE V

Limitation of corporate powers

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

No limitation.

ARTICLE VI

Initial registered agent and street address

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

D. Montgomery Anderson 350 SR 19 N. Palatka, FL 32078

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

D. M. Anderson P. O. Box 401 Palatka, FL 32178

The undersigned incorporator has executed	these Articles of Incorporation this 25 day of
October , 19 <u>96</u> .	day of
G'	
Signature of Incorporator:	
D.M. Anless	——D. M., Anderson
	Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:			
	The Disability Research Foundation, Inc. (must include suffix)			
2.	The name and address of the registered agent and office is:	LLAILSSEE F	12 F- AEM 95	the state of the s
	D. Montgomery Anderson (NAME)	Logida Logida	1.0:17	17
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	-		
	Palatka, FL 32078			

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 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 accept the obligations of my position as registered agent.

(CITY/STATE/ZIP)