

N97000006244

TRANSMITTAL LETTER

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

SUBJECT: Parkinson Self-Help Group of the Treasure Coast, 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

☐ \$ 122.50
Filing Fee
& Certificate Copy

☒ \$ 131.25
Filing Fee,
Certified Copy
& Certificate

FROM: D. Richard Claassen

Name (Printed or typed)

2607 Chesterfield Drive

Address

Ft. Pierce, Florida 34982

City, State, & Zip

(561) 461-3103

Daytime Telephone number

400002338444-5
-11/05/97-01024-001
***131.25 ***131.25

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97 NOV -5 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

QN 11-5-97

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

Name

The name of the corporation shall be: Parkinson Self-help Group of the Treasure Coast, Inc.

ARTICLE II

Principal place of business and mailing address

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

2607 Chesterfield Drive
Fort Pierce, Fl. 34982

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ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are): Generally, charitable, scientific and educational. Specifically oriented to:

- (a) Give comfort and assist Parkinson disease patients and their families.
- (b) To provide education and encourage research in the Parkinson disease field.

ARTICLE IV

Manner of election of directors

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

Shall be as provided in the By-Laws of the corporation.

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: Not to engage, other than insubstantially, in activities that do not further an exempt purpose under the Internal Revenue Code and Treasury regulations.

ARTICLE VI

Initial registered agent and street address

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

D. Richard Claassen
2607 Chesterfield Drive
Fort Pierce, FL 34982

ARTICLE VII

Incorporators

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

Executive Director	D. Richard Claassen	2607 Chesterfield Dr. Ft. Pierce, Fl. 34982
Director	James Claassen	2890 Dame Rd. Ft. Pierce Fl. 34981
Director	Loretta Rosenberg	421 12th Pl. Vero Beach, Fl. 32962
Director	Myra Hogstad	1113 Addie Ave. Port St. Lucie, Fl. 34983
Director	Frank Scales	631 SE Chapman Ave. Port St. Lucie Fl. 34984
Director	Mildred Townsend	578 NW Montevina, Port St. Lucie Fl. 34986
Director	George LaPorte	332 Benedictine Way Sebastian, FL 32958
Director	Cheryl Jacquin	7348 Commercial Cir. Ft. Pierce Fl. 34951
Director	James T. Butler	2909 Fiddlewood Cir, Port St Lucie, FL 33952-3342

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this _____ day of _____, 19____.

Signature(s) of Incorporator(s):

D. Richard Claassen

D. Richard Claassen

Typed name of incorporator signing

James Claassen

James Claassen

Typed name of incorporator signing

Cheryl Jacquin

Cheryl Jacquin

Typed name of incorporator signing

Myra Hogstad

Myra Hogstad

Typed name of incorporator signing

Frank Scales

Frank Scales

Typed name of incorporator signing

Loretta Rosenberg

Mildred Townsend

James T. Butler

Loretta Rosenberg

Typed name of incorporator signing

Mildred Townsend

Typed name of incorporator signing

James T.. Butler

Typed name of incorporator signing

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 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:

Parkinson Self-Help Group of the Treasure Coast, Inc.
(must include suffix)

2. The name and address of the registered agent and office is:

D. Richard Claassen

(Name)

2607 Chesterfield Drive

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fort Pierce, FL 34982

(City/State/Zip)

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.

D. Richard Claassen

(Signature)

Nov. 1, 1997

(Date)

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