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TRANSMITTAL LETTER

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99 MAR 22 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-03/22/99-01150-005

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

**SUBJECT:** NAMI St. Lucie County, 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  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** NAMI St. Lucie County  
Name (Printed or typed)

P. O. Box 3372  
Address

Fort Pierce, Florida 33448  
City, State & Zip

561-466-5490  
Daytime Telephone number

PK 2/26/99 ✓

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation:

### ARTICLE I NAME

The name of the corporation shall be NAMI St. Lucie County, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be P.O. Box 333, Fort Pierce, Florida 33448.

### ARTICLE III PURPOSES

The corporation shall operate exclusively for charitable or educational purposes as follows:

- to establish, encourage and perpetuate an organization of families and friends of people with brain disorders and to let them know that they have a friend in St. Lucie County,
- to protect the rights and to promote the welfare, comfort and happiness, and to improve the conditions generally, of persons with brain disorders, wherever they may be, whether in institutions, special living arrangements or in private homes,
- to learn all about the services in St. Lucie County that are available for treatment of brain disorders,
- to foster new and improved program and services and to further the advancement of studies and research for treatment of brain disorders,
- to further means for providing for adequate medical services, employment, housing, care, education, recreation and other matters for persons with brain disorders which may be consistent with the purpose of this corporation,
- to develop an enlightened and more sympathetic public understanding of the problems of persons with brain disorders and of the public responsibilities relative thereto,
- to solicit and receive funds for the accomplishment of the foregoing purposes
- to make contributions to any organization described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future U.S. Internal Revenue Law) which are organized for purposes similar to those of this organization and

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- to engage in any and all lawful activity incidental to the foregoing purposes, except as restricted herein.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The directors of this corporation are nominated and elected by the general membership in accordance with the bylaws of the corporation.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Mrs. Joan Walker  
1439 D Captains Walk  
Fort Pierce, Florida 34950

**ARTICLE VI INCORPORATOR**

The name and address of the Incorporator of these Articles of Incorporation are:

Mrs. Nancy Swanson  
1111 Paseo Avenue  
Fort Pierce, Florida 34982

Nancy Swanson  
Signature/Incorporator

3-19-99  
Date

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.

Joan Walker  
Signature/Registered Agent

3-19-99  
Date