X19900006361

TRANSMITTAL LETTER

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

SUBJECT: Strokin For Folks in Need, INC.
(Proposed corporate name - must include suffix)

000003025790--1
-10/27/99--01008--001
*****73.00 *****78.75

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 of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: George A Grady
Name (Printed or typed)

2 Independent Dr Suite 2005
Address

Jacksonville FLA 32202 ~~3140~~
City, State & Zip

904-343-5018
Daytime Telephone number

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 adopt(s) the following Articles of Incorporation:

ARTICLE I NAME
The name of the corporation shall be:

STROKIN FOR Folks iN Need, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

2 INdependent DR
Jacksonville FlA 32202

ARTICLE III PURPOSE(S)
The specific purpose(s) for which the corporation is organized is(are):

RAISE money for individuals or families iN Need
mainly afflicted with Parkinson Disease

ARTICLE IV MANNER OF ELECTION OF DIRECTORS
The manner in which the directors are elected or appointed is:

AS Stated in the By Laws

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

George Grady
2 INdependent DR
Jacksonville FlA 32202

ARTICLE VI INCORPORATOR
The **name and address** of the Incorporator to these Articles of Incorporation are:

George Grady
2 INdependent DR
Jacksonville FlA 32202

FILED
99 OCT 26 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature/Incorporator

10-26-99
Date

(An additional article must be added if an effective date is requested.)

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.

Signature/Registered Agent

10-26-99
Date