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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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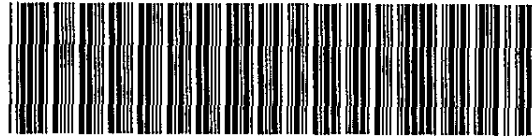
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**BERGMAN, SPIEWAK, GOTTESMAN & COMPANY, P.A.**

**CERTIFIED PUBLIC ACCOUNTANTS**

**AmTrust Bank Plaza**

**8211 W. Broward Blvd., Suite 440**

**Plantation, Florida 33324**

**GARRY S. BERGMAN, CPA**

**MARC A. SPIEWAK, CPA**

**ALLAN GOTTESMAN, CPA**

**PHONE: (954) 321-9991**

**FAX: (954) 321-9994**

**bsecpacpa.com**

August 10, 2004

New Corporations Department

State of Florida

P.O. Box 6327

Tallahassee FL 32314

Re: New Corporation

Enclosed are the original and a copy of the Articles of Incorporation for the enclosed new corporation along with a check for:

Filing Fees ..... \$ 35.00

Registered Agent Designation ..... \$ 35.00

Certified Copy ..... \$ 8.75

for a total of \$78.75. Please activate the corporation and return a processed copy.

Thank you for your assistance in this matter.

**MEMBERS OF:**

**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

**FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

**CONNECTICUT SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS**

ARTICLES OF INCORPORATION  
OF  
**Denise Harris Foundation for Paralysis, Inc.**

The undersigned, acting as incorporator, and for the purposes of forming a corporation pursuant to Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I -- NAME OF CORPORATION

The name of this corporation being:

**Denise Harris Foundation for Paralysis, Inc.**

ARTICLE II -- PLACE OF CORPORATION

With its principal place of business at:

**C/O Bergman, Spiewak, Gottesman & Co., PA  
8211 West Broward Blvd. Suite #440  
Plantation FL 33324**

The board of directors may, from time to time, move the principal place of business to any other address in the State of Florida and establish branch offices in any place within the State of Florida as said corporation may desire.

ARTICLE III -- GENERAL PURPOSE OF CORPORATION

The general purpose for which this corporation is being initially organized is as follows:

The Corporation is organized and operating for charitable purposes. Specifically, the Corporation's mission is to provide medical payment assistance to victims of spinal cord injuries that do not have health insurance that covers this type of injury. Funds will be made available on an as needed basis as can be provided by this foundation after applying for and being approved for assistance by the directors. All this is done within Chapter 617, F.S., Florida Not For Profit Corporation Act, and the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as subsequently amended.

ARTICLE IV -- CAPITAL STOCK

The maximum number of shares of stock this corporation is authorized to have outstanding at any one time shall be one hundred (100) of common stock of the par value of one dollar (\$1.00) each. There shall be only one class of stock.

ARTICLE V -- INITIAL DIRECTORS/OFFICERS

The names and addresses of the initial directors/officers, who, unless otherwise provided by the bylaws of this corporation, shall hold office and manage the corporation for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

**Kevin Harris, Director  
4630 SW 134<sup>th</sup> Avenue  
Sunshine Ranches FL 33330**

Marc Spiewak, Assistant Director  
8211 W Broward Blvd #440  
Plantation FL 33324

ARTICLE VI -- INITIAL REGISTERED OFFICE AND AGENT

Pursuant to the provisions of section 607.0501, Florida Statutes, hereby designates the registered agent and registered office, in the State of Florida, that being and is so authorized to accept service of process within the State of Florida:

Kevin Harris  
4630 SW 134<sup>th</sup> Avenue  
Sunshine Ranches FL 33330

ARTICLE VII -- NAME AND ADDRESS OF INCORPORATOR

The undersigned, being an incorporator for the purposes of forming this corporation for profit to do business both within and without the State of Florida, does hereby make, subscribe, acknowledge and file this certificate, hereby declaring and certifying that the facts contained herein stated are true and accordingly has hereto under set his/her hand this 12<sup>th</sup> day of August, 2004.

[Signature]  
Kevin Harris, Assistant Director  
4630 SW 134<sup>th</sup> Avenue  
Sunshine Ranches FL 33330

8/12/04  
Date

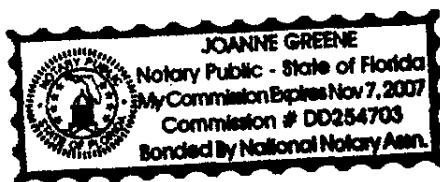
Personally appeared before me, the undersigned authority, **Kevin Harris**, to me well known as the person described in and who executed and subscribed to the foregoing articles of **Denise Harris Foundation for Paralysis, Inc.** and he (she) acknowledged before me that he (she) executed and subscribed the same for the purposes therein expressed.

In witness whereof, I have hereunto set my hand and official seal at Plantation (CITY),

Broward County, Florida, This 12 Day of Aug, 2004.

[Signature]  
NOTARY PUBLIC

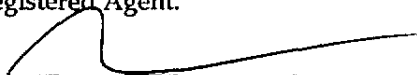
MY COMMISSION EXPIRES:



ACKNOWLEDGMENT AND CERTIFICATE OF REGISTERED AGENT HAVING BEEN NAMED TO  
ACCEPT SERVICE OF PROCESS FOR:

**Denise Harris Foundation for Paralysis, Inc.**

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 duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Kevin Harris, Director  
4630 SW 134<sup>th</sup> Avenue  
Sunshine Ranches FL 33330

8/12/04  
Date

04 AUG 16 PM 2:09  
CLERK  
CIVIL