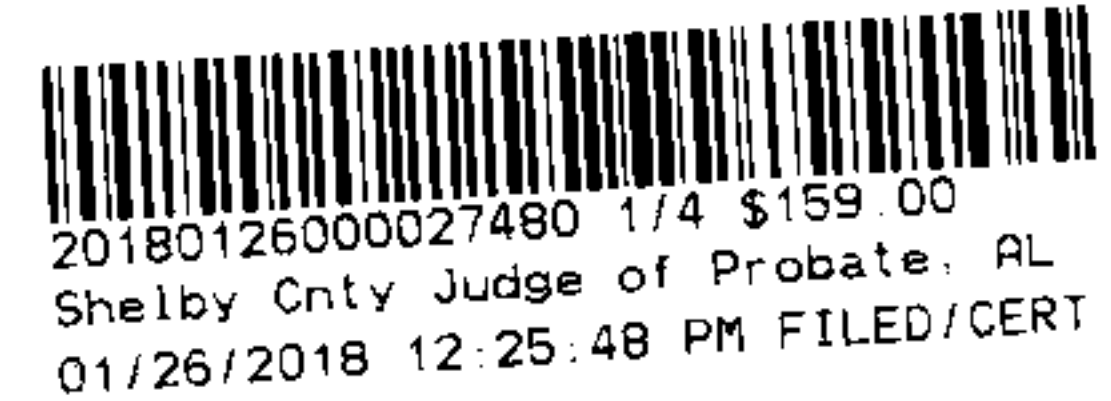


STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Nonprofit Corporation under Section 10A-1-3.05 and 10A-3-3.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.



(For County Probate Office Use Only)

**This form must be typed or laser printed.**

1. The name of the corporation: ASAA- Alabama Stroke Awareness Association
2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**
3. This nonprofit corporation (MUST check one):  
☒ has Members or ☐ has no Members

This form was prepared by: (type name and full address)

Terence Chris Jones 5336 Riverbend Trail Hoover AL 35244

(For SOS Office Use Only)

**DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION**

4. Street (**No PO Boxes**) address of principal office of the corporation: 5336 Riverbend Trail Hoover AL 35244

Mailing address of principal office (if different from street address): \_\_\_\_\_

5. The name of the Registered Agent: Chris Jones

6. Street (**No PO Boxes**) address of Registered Agent (if different from principal office address): \_\_\_\_\_

Mailing address of Registered Agent (if different from street address): \_\_\_\_\_

7. Purpose for which corporation is formed: To promote stroke awareness throughout the state of Alabama

Strokes have a large impact on someones life, and Alabama has a very high stroke rate.; the purpose includes the transaction of any lawful business for which nonprofit corporations may be incorporated in Alabama under Title 10A, Chapter 3 of the Code of Alabama.

8. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

9. The name(s) of the Incorporator(s): Terence Chris Jones

Street (**No PO Boxes**) address of Incorporator(s): 5336 Riverbend Trail Hoover AL 35244

\_\_\_\_\_ Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

**Attach a listing if more Incorporators need to be added (type “see attached” in the name line).**

10. The number of Directors constituting the initial Board of Directors is three. (Minimum of 3 under section 10A-3-2.09) The initial Directors names and addresses must be listed in this Certificate of Formation.

Director's Name: Subhan Ahmed

Street (**No PO Boxes**) address of Director: 4713 Summer Place parkway Hoover al 35244

\_\_\_\_\_ Mailing address of Director(s) - (if different from street address): \_\_\_\_\_



**DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION**

Director's Name: Johan Mora

Street (**No PO Boxes**) address of Director: 1026 Riverchase Trl Hoover Al 35244

\_\_\_\_\_ Mailing address of Director(s) - (if different  
from street address): \_\_\_\_\_

Director's Name: Yusef Hamid

Street (**No PO Boxes**) address of Director: 3414 Heather Lane Hoover AL 35216

\_\_\_\_\_ Mailing address of Director(s) - (if different  
from street address): \_\_\_\_\_

**Attach listing if more Directors need to be added (type "see attached" in the name line for the first Director on this form).**

11. Unless an attachment to this Certificate of Formation provides that a change in the number of directors shall be made only by amendment to the Certificate of Formation, a change in the number of directors made by amendment to the bylaws shall be controlling. In all other cases, whenever a provision of the Certificate of Formation is inconsistent with a bylaw, the provision of the Certificate of Formation shall be controlling.

☐ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation.

1 / 24 / 2018

Date (MM/DD/YYYY)



Signature as required by 10A-1-3.04

Chris Jones

Typed Name of Above Signature

President

Typed Title/Capacity to Sign under 10A-1-3.04



20180126000027480 3/4 \$159 00  
Shelby Cnty Judge of Probate, AL  
01/26/2018 12:25:48 PM FILED/CERT

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, *Code of Alabama 1975*, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**ASAA-Alabama Stroke Awareness Association**

This name reservation is for the exclusive use of CHRIS JONES, 5336 RIVERBEND TRAIL, HOOVER, AL 35244 for a period of one year beginning January 12, 2018 and expiring January 12, 2019.

20180126000027480 4/4 \$159.00  
Shelby Cnty Judge of Probate, AL  
01/26/2018 12:25:48 PM FILED/CERT



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 12, 2018

Date

John H. Merrill

Secretary of State

RES153775