

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> <b>Return document by mail to:</b>	Articles of Incorporation – Nonprofit DSCB: 15-5306/7102 (rev. 1/3/2023)	
Name _____		
Address Conshohocken		PA
City	State	Zip Code
<input type="checkbox"/> <b>Return document by email to:</b> _____		

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

Check one:  Domestic Nonprofit Corporation (§ 5306)  Nonprofit Cooperative Corporation (§ 7102)

In compliance with the requirements of the applicable provisions (relating to articles of incorporation or cooperative corporations generally), the undersigned, desiring to incorporate a nonprofit/nonprofit cooperative corporation, hereby state(s) that:

1. The name of the corporation is:

Johnnie's Place

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<p>2. Complete part (a) or (b) – not both:</p> <p>(a) The address of this corporation's current registered office in this Commonwealth is:  <i>(post office box alone is not acceptable)</i></p>	<p><b>318 East Elm Street      Conshohocken      PA      19428      Montgor</b></p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Number and Street</td> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>(b) The name of this corporation's commercial registered office provider and the county of venue is:  <u>c/o:</u> <b>Montgomery</b></p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 65%;">Name of Commercial Registered Office Provider</td> <td style="width: 35%;">County</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Number and Street	City	State	Zip					Name of Commercial Registered Office Provider	County		
Number and Street	City	State	Zip										
Name of Commercial Registered Office Provider	County												

3. The corporation is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes.

Support of individuals diagnosed with and on the Autism Spectrum and all other purposes authorized by law.

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4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise.

5. Check and complete one:

- The corporation is organized on a nonstock basis.
- The corporation is organized on a stock share basis and the aggregate number of shares authorized is \_\_\_\_\_.

6. For unincorporated association incorporating as a nonprofit corporation only. Check if applicable:

The incorporators constitute a majority of the members of the committee authorized to incorporate such association by the requisite vote required by the organic law of the association for the amendment of such organic law.

7. For Nonprofit Corporation Only:

Check one:  The corporation shall have no members.  
 The corporation shall have members.

8. For Nonprofit Cooperative Corporation Only:

Check and complete one:

The corporation is a cooperative corporation and the common bond of membership among its members is: \_\_\_\_\_.  
 The corporation is a cooperative corporation and the common bond of membership among its shareholders is: \_\_\_\_\_.

9. The name(s) of each incorporator (all incorporators must sign below):

Name(s)

Denis A Gray Esquire

10. The specified effective date, if any, is:

month      day      year      hour, if any

11. Additional provisions of the articles, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this

\_\_\_\_\_ day of June \_\_\_\_\_, 2025.

Signature

Signature

Signature

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Docketing Statement – New Entity  
DSCB:15-134A  
(rev. 2/2017)



134A

**1. Entity Name:**

Johnnie's Place

In the case of a foreign association which must use an alternate name to register to do business in Pennsylvania, the alternate name should be given.

**2. Tax Responsible Party**

Name of individual responsible for initial tax reports: Michael Dinda

Mailing address of individual responsible for initial tax reports:

318 East Elm Street	Conshohocken	PA	19428	Montgomery
Number and street	City	State	Zip	County

**3. Description of Business Activity:**

Support of individuals diagnosed with and on the Autism Spectrum and all other activities authorized by law.

**4. FEIN [Employer Identification Number/Federal Tax Identification Number]:** \_\_\_\_\_ - \_\_\_\_\_

FEIN enables agencies to confirm that Commonwealth accounts are properly matched and that this request is processed without added delay. If the business entity does not currently have an FEIN, it can get a FEIN immediately by applying online at irs.gov at the following page <http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs>.

**5. FYE [Tax Year or Fiscal Year End]:** 1 2 / 3 1  
Month / Day

A fiscal year (FY) is a period that a company or government uses for accounting purposes and preparing financial statements. For tax purposes, the Internal Revenue Service (IRS) allows companies to be either calendar-year taxpayers or fiscal-year taxpayers. Supply month and day for intended tax year end, e.g. 1/31, 2/28, 3/31, 4/30, 5/31, 6/30, 7/31, 8/31, 9/30, 10/31, 11/30 or 12/31.