N03000006924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓ D. WHITE JUL 25 2003

Office Use Only

Rosemary GAVE AUTHORIZATION BY PHONE TO CORRECT articles
DATE 8/12/03
DOC. EXAM Dale White

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07/21/03--01039--012 **78.75

FILED
03 AUG 12 AM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Agency of Sickle cell Disease, Lake/Sumter chapter 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 of Status	☑ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Rosemary M. Dent
Name (Printed or typed)

504 Bates Ave, Apt A.
Address

Eustis, Fla 32726
City, State & Zip

D. WHITE AUG 13 2003

352-589-8491, cell # 352-455-6518
Daytime Telephone number

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

8-7-03

To: Dale White
Document Specialist

From: Rosemary Dent

Re: Agency of Sickle Cell Disease, Lake/Sumter Chapter Inc.

Corrections have been made to Articles of Incorporation as per your directions.

Please call me at 325-589-8491, upon receiving of said document, and if you need to speak to me for any reason.

Thank You.

Sincerely,
Rosemary Dent

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 25, 2003

ROSEMARY M. DENT
504 BATES AVE, APT A
EUSTIS, FL 32726

SUBJECT: AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC.
Ref. Number: W03000021147

We have received your document for AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 103A00043419

FILED

03 AUG 12 AM 7:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
In Compliance with chapter 617, F.S., (Not for Profit)

ARTICLE I Name
The name of the corporation shall be: Agency of Sickle Cell Disease, Lake/Sumter Chapter Inc

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
P. O. Box 895132
Leesburg, Fla 34789-5132

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To Educate, and inform to the general population of Lake and Sumter Counties about Sickle Cell Disease, and Sickle Cell Trait, and it's variants.
To identify individuals with Sickle Cell Disease, and Sickle Cell Trait in the population of Lake, and Sumter Counties.
To provide free screening, and testing for the population in various cities of Lake, and Sumter County
To provide referral services, such as: Doctor referral, Health referral, Energy assistance referral, Housing referral, Nutritional referral to Sickle Cell Client's, and their Families.

ARTICLE IV MANNER OF ELECTION
The manner in which the directors are elected or appointed:
The initial year, the Executive Director will appoint Directors, and then in subsequent years, proceeding Board of Directors will elect Directors.

ARTICLE V Initial Directors/Officers
Rosemary Dent, 504 Bates Ave, Apt A, Eustis, Fl 32726, Executive Director
Janice G. Reed P.O. Box 1054, Eustis, Fl 32726, Assistant Executive Director
Willie Bell Coleman 1125 Maxey Dr. Winter Garden Fl 34787, Health Care Coordinator, Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
Janice G. Reed
504 Bates Ave, Apt A, Eustis Fl 32726

ARTICLE VII INCORPORATOR
Rosemary Dent 504 Bates Ave, Apt A, Eustis fl 32726 Founder/ Executive Director

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Janice G. Reed — 7-18-03

Janice G. Reed, Asst Executive Director
Signature/ Registered Agent — **7-18-03** **Date**

Rosemary Dent — 7-18-03

Rosemary Dent, Executive Director — **7-18-03**
Signature/Incorporator — **Date**