

NO80000004706

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

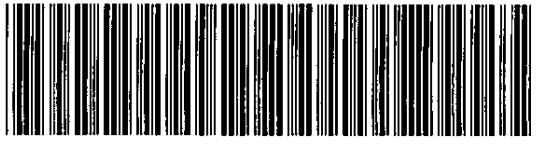
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2008

SHARON LAND ROUSEY
P. O. BOX 521762
LONGWOOD, FL 32750

SUBJECT: FAMILY DISABILITY POLICY COLLABORATIVE, INCORPORATED
Ref. Number: W08000024210

We have received your document for FAMILY DISABILITY POLICY COLLABORATIVE, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 908A00030802

COVER LETTER

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

SUBJECT: FAMILY DISABILITY POLICY COLLABORATIVE, INCORPORATED
(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: FAMILY DISABILITY POLICY COLLABORATIVE, INCORPORATED
Name (Printed or typed)

958 CROSS CUT WAY

Address

LONGWOOD, FLORIDA 32750

City, State & Zip

321-422-8039

Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be:

FAMILY DISABILITY POLICY COLLABORATIVE, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

958 CROSS CUT WAY
LONGWOOD, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ASSIST IN CONTECTING CROSS DEVELOPMENTAL DISABILITY ADVOCACY ENTITIES IN A COLLECTIVE MANNER TOWARDS MUTUAL CONCERNS. PROVIDE TRAINING AND MATERIALS TO PARTNER GROUPS MEMBERS AND BRING CONTINUOUS COMPREHENSIVE SUPPORT VIA PERSONAL CONTACT, TECHNICAL ASSISTS AND REFERRAL INFORMATION.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

ANNUAL MEETING *as stated in the by-laws*

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

KRISTEN JOY ROUSEY	958 CROSS CUT WAY, LONGWOOD, FL 32750	PRESIDENT
SHARON LAND ROUSEY	PO BOX 521762 LONGWOOD, FL 32750	CPO
CHARLENE GREENE	941 E. RIDGEWOOD STREET ALTAMONTE SPRINGS, FL 32701	SECRETARY/TREASURER

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

KRISTEN JOY ROUSEY
958 CROSS CUT WAY
LONGWOOD, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON LAND ROUSEY
PO BOX 521762 LONGWOOD, FLORIDA 32750

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.

Kristen Rousey
Signature/Registered Agent

5/12/08
Date

Sharon Rousey
Signature/Incorporator

05/12/08
Date

FILED
2008 MAY 14 A 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA