

N14 000001659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

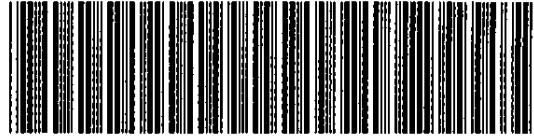
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
2014 FEB 19 PM 1:50

COVER LETTER

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

SUBJECT: Mental Health Coalition of North Central FLorida, 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: Jean Theurer
Name (Printed or typed)

c/o Gainesville Opportunity Center
Address

2772 NW 43rd Street, Ste. 2
City, State & Zip

Gainesville, Florida 32606
Daytime Telephone number

jmntheurer@gmail.com
E-mail address: (to be used for future annual report notification)

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: Mental Health Coalition of North Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
c/o Gainesville Opportunity Center
2772 NW 43rd Street, Ste. 2
Gainesville, Florida 32606

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote an understanding that mental illness
is a disease, to reduce stigma associated with mental illness, and to be a resource to the community
about mental illness.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marina Cecchini, President
Address: c/o Gainesville Opportunity Center
2772 NW 43rd St., Ste. 2
Gainesville, Fl 32606

Name and Title: Dorene Webster, Secretary
Address: c/o Gainesville Opportunity Ctr
2772 NW 43rd St., Ste 2
Gainesville, FL 32606

Name and Title: Sheryl Connors, Vice President
Address: c/o Gainesville Opportunity Ctr
2772 NW 43rd St., Ste 2
Gainesville, Fl 32606

Name and Title: Jean Theurer, Treasurer
Address: c/o Gainesville Opportunity Ctr
2772 NW 43rd St., Ste 2
Gainesville, Fl 32606

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marina Cecchini

Address: c/o Gainesville Opportunity Ctr

2772 NW 43rd St, Ste 2, Gainesville FL 32606

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jean Theurer

Address: c/o Gainesville Opportunity Ctr

2772 NW 43rd, Ste 2 Gainesville FL 32606

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

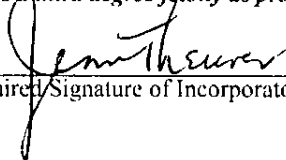


Required Signature of Registered Agent

2/14/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

2/7/14

Date