

N16000010817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

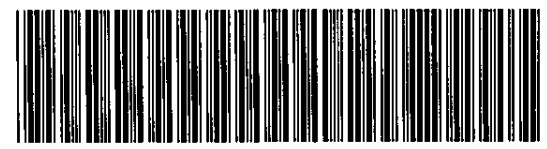
(Business Entity Name)

(Document Number)

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2016 NOV - 2 PM 12: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
NOV - 8 2016

**COVER LETTER**

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

**SUBJECT:** Grace Healthcare Services Corp  
**(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:** Harvey G. Rohlwing, Jr  
Name (Printed or typed)

2611 NW 37th Terrace  
Address

Gainesville, Florida 32605  
City, State & Zip

352-371-7185  
Daytime Telephone number

hrohlwing@yahoo.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: Grace Healthcare Services Corp FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>2611 NW 37th Terrace</u> <u>Gainesville, Florida 32605</u>	Mailing address, if different is: <u>SECRETARY OF STATE</u> <u>TALLAHASSEE, FLORIDA</u>
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**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.  
The specific purposes of the corporation are to provide healthcare and related services to under-served populations and needy individuals.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Elected at annual mee

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Harvey G. Rohlwing, Jr, Pres/Director</u> Address: <u>2611 NW 37th Terrace</u> <u>Gainesville, Florida 32605</u>	Name and Title: _____ Address: _____
Name and Title: <u>Timothy M. Rogers, Sec-Treas/Director</u> Address: <u>2628 NW 162nd Street</u> <u>Newberry, Florida 32669</u>	Name and Title: _____ Address: _____
Name and Title: <u>Katherine Vogel Anderson, VP/Director</u> Address: <u>1225 Center Drive</u> <u>HPNP Building, Room 3313</u> <u>Gainesville, Florida 32610</u>	Name and Title: _____ Address: _____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED

2016 NOV -2 PM 12: 20

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Harvey G. Rohlwing, Jr.  
Address: 2611 NW 37th Terrace  
Gainesville, Florida 32605

**ARTICLE VII INCORPORATOR**

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

Name: Harvey G. Rohlwing, Jr.  
Address: 2611 NW 37th Terrace  
Gainesville, Florida 32605

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

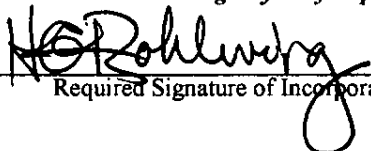
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

10/31/2016

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

10/31/2016

Date