

N 200000003251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

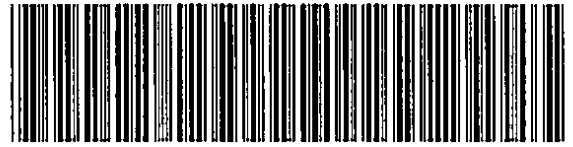
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/02/20--01021--008 \*\*70.00

# COVER LETTER

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

**SUBJECT:** FLORIDA FALL PREVENTION FOUNDATION 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: RHONDA LONGHORN  
\_\_\_\_\_  
Name (Printed or typed)

969 S FEDERAL HWY STE #400  
\_\_\_\_\_  
Address

STUART, FL 34994  
\_\_\_\_\_  
City, State & Zip

772-220-7658  
\_\_\_\_\_  
Daytime Telephone number

RHOJO@BELLSOUTH.NET  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

FILED  
2020 MAR -2 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
**OF**  
**FLORIDA FALL PREVENTION FOUNDATION INC**

The Undersigned, acting as incorporator of a nonprofit corporation under the Florida Nonprofit Corporation Act, adopts the following Articles of Incorporation, pursuant to Florida Statutes, Section 617, as shown below:

**ARTICLE I, NAME**

The name of the nonprofit Corporation shall be as follows:

**FLORIDA FALL PREVENTION FOUNDATION INC**

**ARTICLE II, PRINCIPLE OFFICE**

The principal place of business and mailing address of this corporation shall be:

Physical & Mailing Address Are the Same:

**5038 SE Major Way  
Stuart, FL 34997**

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SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

**ARTICLE III, PURPOSE**

**FLORIDA FALL PREVENTION FOUNDATION INC** is organized exclusively for charitable and educational purposes. It will provide the community with education and awareness to end the falling epidemic in seniors. Will create certified fall prevention specialists to service at risk populations, within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provisions of any future United States Internal Revenue Law.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, or other private persons, except that the corporations shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes stated above. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State, or local government for exclusive public purposes.

**ARTICLE IV, MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

**As noted in the by-laws**

**ARTICLE V, INITIAL DIRECTORS/OFFICERS**

The name and addresses are as follows:

**William Hebson                                      President/Treasurer**  
**5038 SE Major Way**  
**Stuart, FL 34997**

**ARTICLE VI, INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

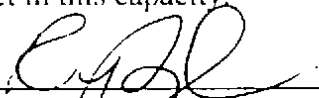
**Rhonda J Longhorn**  
**969 S Federal Hwy Suite 400**  
**Stuart, FL 34994**


**ARTICLE VII, INCORPORATOR**


The name and street address of the Incorporator is:

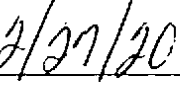
**Rhonda Longhorn**  
**969 S Federal Hwy Suite 400**  
**Stuart, FL 34994**

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

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Incorporator

  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 MAR -2 PM 4: 14

**FILED**