

N23000010808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

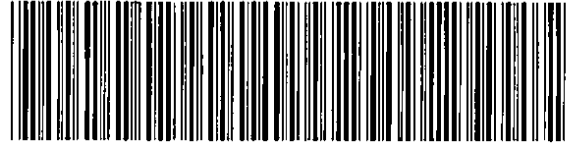
(Business Entity Name)

(Document Number)

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

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ALLAHASSEE, FLOR

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## COVER LETTER

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

SUBJECT: Spring Hill Methodist of Traxler, 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: NCLL/Attn.: Carey Ugas  
Name (Printed or typed)

13790 Roosevelt Blvd., Suite A  
Address

Clearwater, FL 33762  
City, State & Zip

727-605-0129  
Daytime Telephone number

rsupply@comcast.net  
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: Spring Hill Methodist of Traxler, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
23300 NW Old Bellamy Road  
Alachua, FL 32615

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
The organization is organized exclusively for charitable, religious, 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.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
according to the bylaws.

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

Name and Title: Jason Cruse - D  
Address: 21821 NW 210 Ave.  
High Springs, FL 32643

Name and Title: Donald Lopez - D  
Address: 10617 NW 47 Terrace  
Gainesville, FL 32653

Name and Title: Jeff Howell - D  
Address: 437 SW Howell Street  
Lake City, FL 32024

Name and Title: Harold Scott - D  
Address: 1535 NW Noegel Road  
Lake City, FL 32055

Name and Title: Melda Howell - D  
Address: 437 SW Howell Street  
Lake City, FL 32024

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

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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: Donald M. Odom  
Address: 22210 NW Old Providence Road  
Alachua, FL 32615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Donald M. Odom  
Address: 22210 NW Old Providence Road  
Alachua, FL 32615

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Donald M. Odom  
Required Signature of Registered Agent

9-5-2023  
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.*

Donald M. Odom  
Required Signature of Incorporator

9-5-2023  
Date

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