

N 98000000 1126

ZELMA D. DICKERSON

Requestor's Name

8370 EARL CIRCLE WEST

Address

JACKSONVILLE FL 32219

City/State/Zip

Phone #

700002440187--2

-02/25/98--01027--006

****131.50 ****131.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

FILED
98 FEB 25 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the corporation shall be: Health Education and Community Resource, Inc.

ARTICLE II

Principal place of business and mailing address

The principal place of business is: 3160 West Edgewood Avenue, Jacksonville, Florida
The mailing address of this corporation is: 8370 Earl Circle West, Jacksonville, Florida
32219

ARTICLE III

Purpose(s)

The specific purpose for which this corporation is organized is (are): This corporation shall have perpetual existence, and shall provide to the community supportive health services and resources through training and development, dissemination of information and referral base services.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows: The manner in which the directors are to be elected and appointed is hereby set forth in the bylaws.

ARTICLE V

Limitations of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows: All corporate powers shall be exercised by or under the authority of the Board of Directors, and the management of affairs of the Corporation shall be controlled by the Board of Directors.

ARTICLE VI

Initial registered agent and street address

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

Zelma D. Dickerson, 8370 Earl Circle West, Jacksonville, Florida, 32219

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Zelma D. Dickerson
8370 Earl Circle West
Jacksonville, Florida 32219

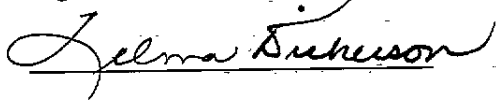
Vincent E. Dickerson
8370 Earl Circle West
Jacksonville, Florida 32219

Chonita Conner
110 East 15th Street
Jacksonville, Florida 32206

Gladys Lewis
9356 Norfolk Boulevard
Jacksonville, Florida 32208

The undersigned incorporator has executed these Articles of Incorporation this 24 day
of February, 1998.

Signature of Incorporator:



Zelma Dickerson

Type name of incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Health Education and Community
Resource, Inc.

2. The name and address of the registered agent and office is:

Zelma D. Dickerson
(NAME)
8370 EARL Circle West
(P.O. BOX NOT ACCEPTABLE)
Jacksonville, Florida 32219
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Zelma Dickerson
DATE 2/24/98