#### TRANSMITTAL LETTER

# N0000006509

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

300003406053--0 -09/27/00--01037--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: The Sexual Abuse Survivors Center of Jackson ille, Incorporation (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

☐ \$87.50 Filing Fee

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Murphree Law Offices, P. A.
Name (Printed or typed)

4035 Atlantic Blvd.

Jacksonville, FL 32207-2036 City, State & Zip

904-858-9677

Daytime Telephone number

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

OO SEP 27 AM 8: 47
SECRETARY OF STATE

# ARTICLES OF INCORPORATION

OF

# THE SEXUAL ABUSE SURVIVORS CENTER OF JACKSONVILLE OF SIX O

The undersigned does hereby associate for the purpose of becoming a corporation not for profit under the laws of the State of Florida, and does hereby certify that the following articles of incorporation have been adopted:

#### **ARTICLE I**

The name of the corporation is The Sexual Abuse Survivors Center of Jacksonville, Inc.

#### ARTICLE II

The mailing address of this corporation is 2342 Park Street, Jacksonville, FL 32204.

### ARTICLE III

This corporation is organized to engage in counseling and ongoing mental therapy of persons affected by abuse.

### ARTICLE IV

The Director of the Corporation shall be appointed by the majority vote of the shareholders, and shall hold office until resignation, removal, or death.

## <u>ARTICLE</u> V

The name and addresses of each initial director is as follows:

<u>NAME</u>

MAILING/STREET ADDRESS

Kathy Adams

2342 Park Street

Jacksonville, FL 32204

Chris Bartkowiak

1238 Ingleside Avenue

Jacksonville, FL 32205

Allison Wade

1815 Cherry Street

Jacksonville, FL 32205

#### **ARTICLE VI**

The name and address of the initial registered agent of the corporation for the purpose of accepting service is Clyde E. Murphree, Esquire, 4035 Atlantic Boulevard, Jacksonville, Florida 32207.

#### **ARTICLE VII**

The name and address of each incorporator is as follows:

**NAME** 

MAILING/STREET ADDRESS

Kathy Adams

10708-2 Whispering Woods Place

Jacksonville, FL 32246

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date