

**N018880004395**  
**TRANSMITTAL LETTER**

FILED  
01 JUN 20 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

**SUBJECT:** Greater Tallahassee Fibromyalgia Syndrome & Chronic  
(Proposed corporate name - must include suffix)  
Fatigue Syndrome Outreach Group, Inc.

300004432613--7  
-06/20/01--01039--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Lynne L. Poucher  
Name (Printed or typed)

P.O. Drawer D  
Address

Greensboro, FL 32330-0803  
City, State & Zip

850-442-6434  
Daytime Telephone number

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

6-22-01  
WCC

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation:

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TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Greater Tallahassee Fibromyalgia Syndrome & Chronic Fatigue Syndrome Outreach Group, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

P. O. Drawer D  
Greensboro FL 32330-0803 or 474 Telogia Creek Rd.  
Quincy, FL 32351-8701

### ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To offer support and educate patients who have fibromyalgia and chronic fatigue, their families and physicians by way of newsletters, brochures and information telephone line.

### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

elected by general membership at June meeting - 1/3 membership constituting a quorum. Appointments are made by directors as volunteers offer themselves for jobs.

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lynne L. Poucher  
474 Telogia Creek Rd.  
Quincy FL 32351-8701

### ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Laura Wilkinson, 103 Winn Cay, Tallahassee, FL 32312-2746

Laura Wilkinson

Signature/Incorporator

6-18-01

Date

(An additional article must be added if an effective date is requested.)

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.

Lynne L. Poucher

Signature/Registered Agent

6-18-01

Date