

NO1000006469

Martin R. Dix

Requester's Name

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01 SEP 11 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. Recovering Pharmacists Network of Florida, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

500004583415-2  
-09/11/01-01043-026  
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3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Will wait ☐ Photocopy ☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☒ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

J. BRYAN SEP 11 2001

**ARTICLES OF INCORPORATION**  
**FOR**  
**RECOVERING PHARMACISTS NETWORK OF FLORIDA, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

Recovering Pharmacists Network of Florida, Inc.

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

1349 Old Village Road  
Tallahassee, Florida 32312

**ARTICLE III PURPOSES**

The specific purposes for which the corporation is organized are as follows:

- (a) For charitable and educational purposes;
- (b) to provide professional education to restore the well being of recovering pharmacists, including the quality of their lives, and to reduce the costs to society which result from alcohol and drug addiction;
- (c) to support existing education, treatment, and recovery programs for pharmacists suffering from alcohol or drug addiction;
- (d) to organize, support, and assist recovery groups specific to pharmacists;
- (e) to increase public awareness and erase stigmas of recovery from alcohol or drug addiction through educational programs and through distribution of literature concerning such addictions;
- (f) to educate businesses which employ pharmacists, and thus, assist them in dealing with addiction issues;
- (g) to assist in the procurement of jobs and licenses for recovering pharmacists; and
- (h) to assist in the return of recovering pharmacists to productive lives

**ARTICLES IV MANNER OF ELECTION OF DIRECTORS**

The directors shall be elected or appointed as provided in the bylaws

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

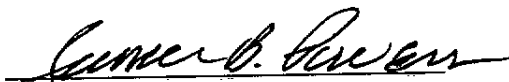
James B. Powers  
1349 Old Village Road  
Tallahassee, Florida 32312

**ARTICLE VI INCORPORATOR**

The name and street address of the incorporator for these Articles of Incorporation is:

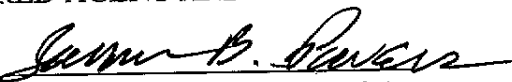
James B. Powers  
1349 Old Village Road  
Tallahassee, Florida 32312

The undersigned incorporator has executed these Articles of Incorporation this 10<sup>TH</sup>  
day of SEPTEMBER, 2001

  
James B. Powers, Incorporator

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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.

SIGNATURE   
James B. Powers, Registered Agent

DATE 9/10/01

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