

No 1000007389

TRANSMITTAL LETTER

FILED  
01 OCT 15 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

600004636526--2  
-10/15/01--01056--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: THE GYPSY HELP FOUNDATION, 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: Marsha D. McFarland  
Name (Printed or typed)

493 Sally Street  
Address

Green Cove Springs, Fl. 32043  
City, State & Zip

904-213-2900  
Daytime Telephone number

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

D. BROWN OCT 17 2001

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

THE GYPSY HELP FOUNDATION, INC.

## ARTICLE II PRINCIPAL OFFICE

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

493 SALLY STREET  
GREEN COVE SPRINGS, FL. 32043

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Financially assist people with medical needs, through referrals from physicians, hospitals & clinics. This service will be based on the need of the client both meically and financially.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Per the Bylaws, by majority vote of the current members.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Marsha D. McFarland, Pres.	M.D. Unger-Brown, VP.	Mara Clayton, Sec.
493 Sally St.	P.O. Box 1221	51 Feather Lane
Green Cove Springs, FL. 32043	Eulless, Tx. 76038	Middleburg, Fl. 32068
Kristian Payne, Tres.		
500 Parsley Lane		
Eulless, Tx. 76039		

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Marsha D. McFarland  
493 SALLY STREET  
Green Cove Springs, Fl. 32043

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marsha D. McFarland  
493 Sally Street  
Green Cove Springs, Fl. 32043

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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.

Marsha D. McFarland

Signature/Registered Agent

10/8/01

Date

Marsha D. McFarland

Signature/Incorporator

10/8/01

Date

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