

NO1000008109

TRANSMITTAL LETTER

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01 NOV -9 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: NGWA HEALTH FOUNDATION, INC.
(Proposed corporate name - must include suffix)

400004673754--6
-11/09/01--01023--003
*****87.50 *****87.50

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

FROM: JOHN SPENCER C. ARCHINIHU, M.D.
Name (Printed or typed)

2780 FOREST RUN DRIVE
Address

MELBOURNE FLORIDA 32935
City, State & Zip

(321) 752-7599
Daytime Telephone number

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

B
11/15/01

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:

ARTICLE I

Name

The name of the corporation shall be: NGWA HEALTH FOUNDATION, INC.

ARTICLE II

Principal place of business and mailing address

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

2780 FOREST RUN DRIVE
MELBOURNE, FLORIDA 32935

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ARTICLE III

Purpose(s)

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

ANY AND ALL OTHER FUNDRAISING
AND ACTIVITIES ALLOWABLE BY UNITED STATES
LAW AND NON PROFIT CORPORATE CHARTER.
THE SPECIFIC PURPOSE IS TO PROVIDE HEALTH CARE
SERVICES TO THE UNDERPRIVILEGED.

ARTICLE IV

Manner of election of directors

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

INITIAL MEMBERS OF THE BOARD OF DIRECTORS
HAVE BEEN APPOINTED AT THE ORIGINAL
ORGANIZATIONAL MEETING. ALL OTHER DIRECTORS
SHALL BE ELECTED AT AN ANNUAL MEETING.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI

Initial registered agent and street address

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

JOHNSPENCER C. ARCHINIHI
2780 FOREST RUN DRIVE
MELBOURNE, FLORIDA 32935

ARTICLE VII

Incorporators

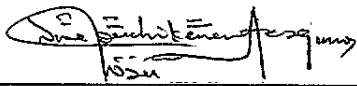
The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

JOHNSPENCER C. ARCHINIHI
2780 FOREST RUN DRIVE
MELBOURNE, FLORIDA 32935

The undersigned incorporator has executed these Articles of Incorporation this 1ST day of NOVEMBER, 192001.

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

Signature of Incorporator:



JOHNSPENCER C. ARCHINIHI
Typed name of incorporator signing

Notarization is not required

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

PURSUANT TO THE PROVISIONS OF SECTION 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:

NGWA HEALTH FOUNDATION, INC.
(must include suffix)

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TALLAHASSEE, FLORIDA

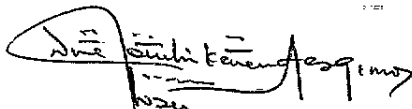
2. The name and address of the registered agent and office is:

JOHNSPENCER C. ARCHINITHU
(NAME)

2780 FOREST RUN DRIVE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MELBOURNE FLORIDA 32935
(CITY/STATE/ZIP)

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)

11 / 01 / 01
(DATE)