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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Lower Keys Medical Center Auxiliary 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: Lower Keys Medical Center Auxiliary Inc
Name (Printed or typed)

PO Box 2341
Address

Key West Fl. 33045
City, State & Zip

1-305-292-2038
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
Lower Keys Medical Center Auxiliary Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
5900 Jr. College Rd
Key West, Fl. 33040

P. O. Box 2341
Key West Fl 33045

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Not-for-Profit — to render service to the Hospital (Lower Keys Medical Center), its patients and their visitors, and to give specific service in interpreting the Hospital to the Community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Elected by general meeting of auxiliary member

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):
Pres Violet Bathy 2601 S. Roosevelt Key West Fl 33
Treas. Amanda Kesar 1400 Kennedy Dr #536 Key West Fl 33040
Dir Friday Limbert 3701 Eagle Ave Key West Fl 33040

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Amanda Kesar
1400 Kennedy Dr #536
Key West Fl 33040

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Amanda Kesar
1400 Kennedy Dr #536
Key West Fl 33040

****

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.

Amanda Kesar AMANDA KESAR — 12-04-02
Signature/Registered Agent — Date

Amanda Kesar AMANDA KESAR — 12-04-02
Signature/Incorporator — Date