N05000002922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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05 MAR 22 PM 3:38
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 MAR 22 PM 3:49

DR 3/22

TRANSMITTAL LETTER

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

SUBJECT: Medical College Council, Incorporated (In
(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: Nikita L. Wilkes
Name (Printed or typed)

1193 Ocala Rd.
Address

TLH, FL 32304
City, State & Zip

850-443-1047
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)

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ARTICLE I NAME

The name of the corporation shall be:

Medical College Council, Inc.

ARTICLE II PRINCIPAL OFFICE

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

FSU College of Medicine
1115 W. Call St
TLH, FL 32306-4300

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: See pg 1

MCC will oversee and coordinate all funding and activities which pertain to medical student body of FSU COM. We will also enhance the education by promoting speakers, conferences and academic projects

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The method of election of directors is as stated in the by laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Rosemarie Garcia - Director/President - 501 Blairstone Rd #1825 Tallahassee, FL. 32301

Robert Crescentin - Director/Vice President 253 Hayden Rd. #1 TLH, FL 32304

Nikita Wilkes - Director 1193 Ocala TLH, FL 32304

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Rosemarie Garcia - President
501 Blairstone Rd #1825
TLH, FL 32301

ARTICLE VII INCORPORATOR

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

Rosemarie Garcia - President
501 Blairstone Rd #1825
TLH, FL 32301

****

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.

Rosemarie Garcia (Rosemarie Garcia) — Signature/Registered Agent — Date: 3/22/05

Rosemarie Garcia (Rosemarie Garcia) — Signature/Incorporator — Date: 3/22/05