

NO 6000000 8066

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John Zivnaska **GAVE**

AUTHORIZATION BY PHONE TO

CORRECT

DATE

DOC. EXAM

first corporation address
In Article I

8/1/06

MRS

Office Use Only



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07/06/06--01023--023 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 27 AM 9:43

FILED

MRS 8/1

4006-30330

Foundation for the Hospital del Pueblo de San Felipe, Inc
A Not-for-Profit Corporation
PO 14165
Mexico Beach, Florida 32410
850 527 7536

Date: May 17, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: Foundation for the Hospital del Pueblo de San Felipe, Inc,
A Not-for-Profit Corporation

Re: Articles of Incorporation Filing


I enclose an original and one (1) copies of the proposed Articles of Incorporation of
The Foundation for the Hospital del Pueblo de San Felipe, Inc., A Not-for-Profit
Corporation

.Please file the Articles of Incorporation and return a Certificate of Incorporation (or file-
stamped copy of the original Articles) to me at the above address.

A check/money order in the amount of \$87.50, made payable to your office, for total
filing and processing fees is enclosed.

Please provide a Certified Copy and a Certificate upon completion of the processing.

Sincerely,



Signature

John R. Zivnuska, Incorporator



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2006

FOUNDATION FOR THE HOSPITAL DEL PUEBLO DE SAN FELIPE, I
ATTN: JOHN R ZIVNUSKA
PO BOX 14165
MEXICO BEACH, FL 32410

SUBJECT: THE FOUNDATION FOR THE HOSPITAL DEL PUEBLO DE SAN
FELIPE, INC.
Ref. Number: W06000030330

We have received your document for THE FOUNDATION FOR THE HOSPITAL
DEL PUEBLO DE SAN FELIPE, INC. and your check(s) totaling \$87.50.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I
hereby am familiar with and accept the duties and responsibilities as Registered
Agent.)

The registered agent must sign accepting the designation.

The name of the entity must be identical throughout the document.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are
elected or appointed be contained in the articles of incorporation or a statement
that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 306A00044246

FILED

06 JUL 27 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Incorporation
of
The Foundation for the Hospital del Pueblo de San Felipe, Inc.
A Not-for-Profit Corporation**

Pursuant to the provision of the Nonprofit Corporation Act of this state, the undersigned incorporators hereby adopt the following Articles of Incorporation:

Article 1

The name of this corporation is: The Foundation for the Hospital del Pueblo de San Felipe, Inc. The address for the corporation is P.O. Box 14165 Mexico Beach, FL 32410

Article 2

The name and address of the registered agent and registered office of this corporation is:
John R. Zivnuska
3850 CR 386
Port St. Joe, FL 32456

Article 3

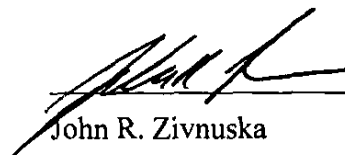
The purposes for which this corporation is organized are: to raise funds and obtain equipment to assist in providing medical care to needy residents and transients within the City of San Felipe, Baja California, Mexico.

Article 4

The name and address of the initial registered agent is:

John R. Zivnuska.
3850 County Road 386
Port St. Joe, Florida 32456

I hereby am familiar with and accept the duties and responsibilities as Registered Agent.



John R. Zivnuska

Article 5

The corporation shall have three (3) directors initially. The number of directors may be increased or diminished from time to time by the By-laws but shall never be less than one nor more than seven (7). The initial Directors shall be appointed by the Incorporator. Subsequent vacancies shall be filled by a majority vote of the existing Directors.

Article 6

The number of initial directors of this corporation shall be two (2) and the names and addresses of the initial directors are as follows:

John R. Zivnuska
PO Box 14165
Mexico Beach, Florida 32410

James A. Hudson
PO Box 238
Laclede, Idaho 83841

Carole L. Kelly
PO Box 14165
Mexico Beach, Florida 32410

Article 7

The name and address of the incorporator of this corporation is:

John R. Zivnuska
PO Box 14165
Mexico Beach, Florida 32410

Article 8

The period of duration of this corporation is: perpetual.

Article 9

The classes, rights, privileges, qualifications, and obligations of members of this corporation are as follows: There shall be no members.

The undersigned incorporators hereby declare under penalty of perjury that the statements made in the foregoing Articles of Incorporation are true.



Signature

John R. Zivnuska, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

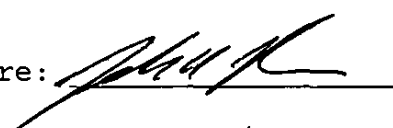
The Foundation for the Hospital del Pueblo de San Felipe, Inc.

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

John R. Zivnуска

3850 County Road 386

Port St. Joe, Florida 32456

Signature: 

Title: Secretary/Treasurer

Date: May 17, 2006

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: _____

Date: _____

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06 JUL 27 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA