

NO6 00000 8761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200078811292

08/18/06--01010--006 **70.00

FILED

2006 AUG 18 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Hampton AUG 18 2006

COVER LETTER

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

SUBJECT: Heart of Florida, Association of Occupational
Health Nurses, 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: KATHRYN CRANE
Name (Printed or typed)

6694 BRECKINRIDGE CT
Address

LAKELAND, FL. 33813
City, State & Zip

813-707-5248
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:

Heart of Florida Association of Occupational Health Nurses, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*4615 Kings Point Ct
Lakeland, FL 33813*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The mission is to advance the profession of occupational & environmental nursing in Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Biannual elections or volunteer for office

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*Mary Jo Woodward, President
4615 Kings Point Ct
Lakeland, FL 33813*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*MARY JO Woodward, President
4615 Kings Point Ct.
Lakeland, FL 33813*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*KATHLEEN CRANE, Treasurer
6694 Breckenridge Ct
Lakeland, FL 33813*

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.

Mary Jo Woodward

Signature/Registered Agent *MARY JO WOODWARD*

Aug 14/06
Date

Kathleen Crane

Signature/Incorporator *KATHLEEN CRANE*

Aug 14/06
Date

2006 AUG 18 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Kathryn Crane, Treasurer
6674 Breckinridge Ct,
Lakeland, Fl 33813

Jeanne Phyll, Secretary
2137 white trail
Lakeland, Fl. 33811.