

NO6000009460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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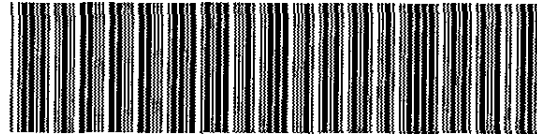
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE SEP -7 2006

COVER LETTER

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

SUBJECT: Liberty County Health Care Council, 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: Cynthia Copeland
Name (Printed or typed)

17757 NW Co. Rd 12
Address

Bristol, FL 32321
City, State & Zip

850-643-3331
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2006

CYNTHIA COPELAND
17757 NW COUNTY RD 12
BRISTON, FL 32321

SUBJECT: LIBERTY COUNTY HEALTH CARE COUNCIL, INC.
Ref. Number: W06000039177

We have received your document for LIBERTY COUNTY HEALTH CARE COUNCIL, 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):

Please complete the enclosed application.

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) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 606A00053970

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

ARTICLE I NAME

The name of the corporation shall be:

Liberty County Health Care Council, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15159 NW State Rd 20
Bristol, FL 32321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Non-Profit Health Care Organization

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected by the members

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Chairman: Cynthia Copeland
17757 NW CR 12
Bristol, FL 32321
Vice-Chairman: Michael Clark
P.O. Box 271
Hosford, FL 32334
Secretary: Sue C. Roth
19599 NE Bodwin Lane
Hosford, FL 32334

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael Clark
21268 Judge Page Rd.
Hosford, FL 32334

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cynthia Copeland
17757 NW CR 12
Bristol, FL 32321

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.

Signature/Registered Agent

Date

9/6/06

Signature/Incorporator

Date

9/6/2006

FILED
06 SEP -7 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA