

No 6888010290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

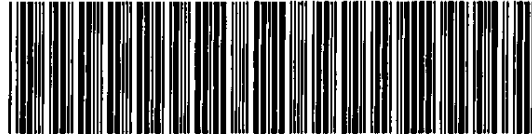
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-2-06
100

COVER LETTER

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

SUBJECT: UF COM Class of 2010, 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: Christine G. Simone

Name (Printed or typed)

P.O. Box 100864

Address

Gainesville, FL 32610

City, State & Zip

352-359-2679

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:
UF COM Class of 2010, Inc.

ARTICLE II PRINCIPAL OFFICE

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

University of Florida College of Medicine
Class of 2010
1600 SW Archer Road
Room C-1-15
Gainesville, FL, US 32610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Organization of the University of Florida College of Medicine Class of 2010 student community service and student funded events.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Majority vote of quorum of members.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Christine G. Simone
2427 NW 147th Street
Newberry, FL 32669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine G. Simone
2427 NW 147th Street
Newberry, FL 32669

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.

Christine G. Simone

Signature/Registered Agent

9/26/06

Date

Christine G. Simone

Signature/Incorporator

9/26/06

Date

FILED
2006 OCT -2 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA