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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

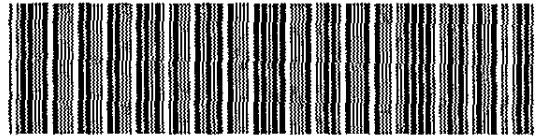
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE JAN 24 2007

## COVER LETTER

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

**SUBJECT:** Ocala Haven Community Support Center, 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:** John A. Ryan

Name (Printed or typed)

243 SW 156th Ct.

Address

Ocala, FL 34481

City, State & Zip

352-854-2071

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:

Ocala Haven Community Support Center Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

510 S. Pine Ave. Ocala, FL 34474-4296

Mailing Address: 243 SW 156th CT. Ocala, FL 34481

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Offer Free Confidential HIV/AIDS testing and support group meetings, assist with the basic needs of life for those infected in Marion County, and to assist with getting help with medication, Thru Ryan White Foundation, or ADAPT

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Officers will be elected on a yearly basis

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

John A. Ryan 243 SW 156th CT., Ocala FL 34481 Director  
Ralph Espinosa 704 SE 12th ST. Ocala FL 34471 President  
Jerald Couturier 3240 SW 34th ST. Apt. 1205, Ocala, FL Vice President  
Dorothy Middleton 243 SW 156th CT. Ocala FL 34481 Sec./Treasure

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

John A. Ryan 243 SW 156th CT. Ocala, FL 34481

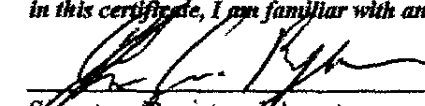
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


John A. Ryan 243 SW 156th CT. Ocala, FL 34481

\*\*\*\*\*

*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

1-18-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-18-07  
\_\_\_\_\_  
Date

FILED  
07 JAN 22 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA