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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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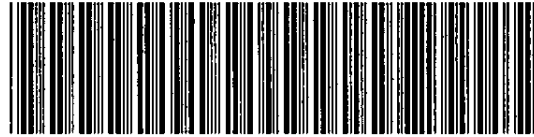
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 20 2007

207-17547

## COVER LETTER

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

**SUBJECT:** Central Florida CARE, Inc.: Compassion And Respect at End-of-life  
(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: Alison C. Issen  
Name (Printed or typed)

480 W. Central Pkwy.  
Address

Altamonte Springs, FL 32714  
City, State & Zip

407-682-0808, ext. 306  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Central Florida CARE, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

480 W. Central Pkwy.  
Altamonte Springs, FL 32714

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide education and resources on end of life care to the Central Florida community. To study, research, exchange information and ideas leading to improved education in Central Florida on end-of-life care. To develop and engage in a process which contributes to the improvement of end-of-life care through education of the professional community. To study, research, exchange information and ideas leading to improved education in Central Florida on end-of-life care.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Elections shall be held at the November meeting and elected officers' shall begin their term at the January meeting. All officers shall be elected by two-thirds vote by ballot from within the Central Florida CARE, Inc., and members in attendance at the November meeting. The terms of office shall be two calendar years. Officers may be re-elected to the same office for no more than two succeeding terms.

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

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

President: Alison C. Issen, 480 W. Central Pkwy, Altamonte Springs, FL 32714  
Vice President: George Geans, 1414 Kuhl Ave., MP 93, Orlando, FL 32806  
Treasurer: Gail Malkenson, 480 W. Central Pkwy, Altamonte Springs, FL 32714  
Secretary: Linda Cavanaugh, 220 Freeman St., Longwood, FL 32750

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

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

Alison C. Issen  
480 W. Central Pkwy.  
Altamonte Springs, FL 32714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Alison C. Issen  
480 W. Central Pkwy.  
Altamonte Springs, FL 32714

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TALLAHASSEE, FLORIDA

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*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.*

Alison C. Issen  
Signature/Registered Agent

4/15/07  
Date

Alison C. Issen  
Signature/Incorporator

4/15/07  
Date