

NO7000012347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

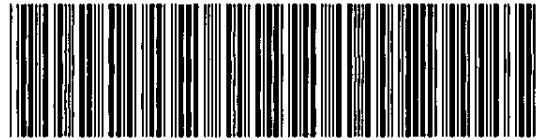
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
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2007 DEC 31 PM 2:17  
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SUFFICIENCY OF FILING

*[Signature]*  
12/31/07

## COVER LETTER

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

SUBJECT: FAMILY HEALTH & RESEARCH CORPORATION  
(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: CLAUDE THOMAS  
Name (Printed or typed)

3707 CASSANDRA DRIVE  
Address

TALLAHASSEE, FL 32309-2945  
City, State & Zip

(850) 386-6893  
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:

FAMILY HEALTH & RESEARCH CORPORATION

Effective Date shall be  
1-1-08

**ARTICLE II PRINCIPAL OFFICE**

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

3707 CASSANDRA DRIVE  
TALLAHASSEE, FL 32309-2945

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE PUBLIC HEALTH CONSULTING, HEALTH RESEARCH  
AND IMPROVING AMERICA'S FAMILIES HEALTH & WELL BEINGS

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

BY VOTE

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

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

OLAJIDE B. THOMAS — PRESIDENT / Director  
TONTÉ E. AKEREDOLU-THOMAS — VICE-PRESIDENT / Director  
YINKA MOUAI — Director  
CAROLE CASEY — Director  
3707 Cassandra Dr.  
Tallahassee FL 32309-2945

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

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

OLAJIDE B. THOMAS  
3707 CASSANDRA DRIVE  
TALLAHASSEE, FL 32309-2945

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

OLAJIDE B. THOMAS  
3707 CASSANDRA DRIVE  
TALLAHASSEE, FL 32309-2945


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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.

  
\_\_\_\_\_  
Signature/Registered Agent

DEC 31, 2007  
\_\_\_\_\_  
Date

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

DEC 31, 2007  
\_\_\_\_\_  
Date