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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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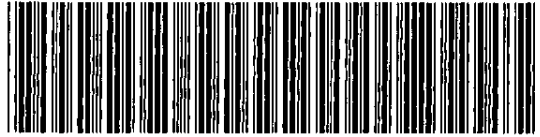
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JULIE EASON SMITH, P.A.

Attorney At Law

Julie Eason Smith, Attorney

Damaris G. Claude, Attorney

October 30, 2008

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE : Florida Lactation Consultant Association, Inc.
My File : 08-198

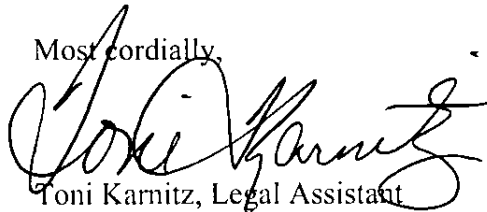
To Whom It May Concern:

Enclosed for filing with your office is the **original and two (2) copies** of the Articles of Incorporation for the above named not-for-profit corporation. Please file the Articles and return the certified copy and certificate to the undersigned.

I have also enclosed my firm's check #1404, in the amount of \$87.50, representing your filing fee for same.

Your prompt attention to this matter is appreciated and if you have any questions, please don't hesitate to contact our office.

Most cordially,



Toni Karnitz, Legal Assistant
JULIE EASON SMITH, P.A.

/tk
Enclosure

Z:\CLIENTS\CORPORATE\Florida Lactation\Dept Corporation L11r.wpd

COVER LETTER

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

SUBJECT: FLORIDA LACTATION CONSULTANT ASSOCIATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and ^{two (2) copies} ~~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: Julie Eason Smith, P.A.
Name (Printed or typed)

2060 Winter Springs Blvd.
Address

Oviedo, FL 32765
City, State & Zip

407/365-9910
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with §617, Florida Statutes (Not for Profit)

ARTICLE I - NAME

The name of the Corporation shall be:

FLORIDA LACTATION CONSULTANT ASSOCIATION, INC.

ARTICLE II - PRINCIPAL OFFICE

The Principal street address and mailing address, if different is:

154 Winghurst Boulevard, Orlando, FL 32828

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

To serve as a local affiliate of the United States Lactation Consultant Association; to enhance the reputation, image and credibility of lactation consultants; to improve the status of the lactation consultancy profession; to provide continuing education for lactation consultants; to serve as a network of information for lactation consultants.

ARTICLE IV - MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Will be stated in the corporate By-Laws

ARTICLE V - INITIAL DIRECTORS AND/OR OFFICERS

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

President/Initial Director: Shannon Alexandrou, 2431 Antilia Drive, Orlando, FL 32828

President-elect/Initial Director: Annette Leary, 154 Winghurst Boulevard,
Orlando, FL 32828

Treasurer/Initial Director: Linda Goldberg, 1226 Cheetah Trail,
Winter Springs, FL 32708

Membership Secretary/Initial Director: Ellen Simpson, 2835 Bayshore Trails Dr.,
Tampa, FL 33611

Recording Secretary/Initial Director: Mary Buskohl, 483 Hillside Drive,
Orange Park, FL 32073

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TALLAHASSEE, FLORIDA

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the registered agent is:

Annette Leary, 154 Winghurst Boulevard, Orlando, FL 32828

ARTICLE VII - INCORPORATOR


The name and address of the Incorporator is:

Linda Goldberg, 1226 Cheetah Trail, Winter Springs, FL 32708

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.


ANNETTE LEARY, Registered Agent

10/27/08
Date


LINDA GOLDBERG, Incorporator

10-23-08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA