

NO9000002749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

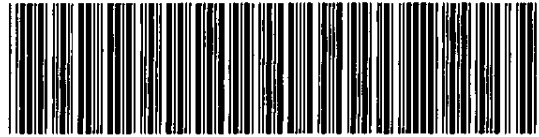
(Business Entity Name)

(Document Number)

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03/06/09--01014--011 \*\*78.75

FILED

2009 MAR 18 P 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 19 2009  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** (Ms) Suzanne Perry Wellness Benefit Fund  
(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:** Suzanne Perry  
225 Turtle Lake Court, Apt. 206  
Naples, Florida 34105  
(239) 776-0100

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2009

SUZANNE PERRY  
225 TURTLE LAKE COURT  
APT 206  
NAPLES, FL 34105

SUBJECT: SUZANNE PERRY WELLNESS BENEFIT FUND  
Ref. Number: W09000011006

We have received your document for SUZANNE PERRY WELLNESS BENEFIT FUND and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

✓ You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

✓ Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 509A00007996

**ARTICLES OF INCORPORATION**  
**In Compliance with Chapter 617, F.S. (Not for Profit)**

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

**Suzanne Perry Wellness Benefit Fund, Inc.**

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**ARTICLE II PRINCIPAL OFFICE**

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

**225 Turtle Lake Court, Apt. 206  
Naples, Florida 34105**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Non-Profit Corporation for the purpose of raising funds for medical expenses where individual does not have health insurance.**

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

**Election of directors is as stated in the bylaws.**

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

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

**Suzanne Perry, President  
225 Turtle Lake Court, Apt. 206  
Naples, Florida 34105**

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

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

**Karen L. Ryan  
6085 Shallows Way  
Naples, Florida 34109-0762**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**Suzanne Perry  
225 Turtle Lake Court, Apt. 206  
Naples, Florida 34105**

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date