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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT:	PaLLi Care, Inc.				
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed is an origina	al and one (1) copy of the Artic	eles of Incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee &	☐\$78.75 Filing Fee	✓ \$87.50 Filing Fee,		
	Certificate of Status	& Certified Copy	Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED			
FRON	1: Kathleen M. Palmer Name (Pri	nted or typed)	_		
	309 S.E. 18th Street				

kpalmer@hospicecareflorida.org

Ft. Lauderdale FL 33316

(954) 467-7423

E-mail address: (to be used for future annual report notification)

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

Address

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Palli Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

309 S.E. 18th Street

Fort Lauderdale, Florida 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Organized exclusively for charitable purposes to provide palliative care services as an incorporated non profit to serve patients who require pain and symptom management, and to advance the concept of palliative care and reach a broader population not yet appropriate for hospice. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes, within the meaning of section 501(c)(3) of the Internal Revenue Code, which are organized and operated exclusively for such exempt purposes.

<u>ARTICLE IV MANNER OF ELECTION</u>

The manner in which the directors are elected or appointed:

The manner in which the directors are elected shall be in a general election by a majority of the voting members as stated in the bylaws. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Three.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

321 S E 18th Street
Fort Lauderdate FL 3330

David A. Ray 200 E. Las Clas Blvd , Suite 1700 Fort Lauderdase, FL 33301

Fr P J Naughton 81 Gregory Catholic Church 200 N University Drive Pantation, Ft. 33324-2085

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

KATHLEEN M. PALMER 309 S.E. 18TH STREET FT. LAUDERDALE FL 33316

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DAVID A. RAY

200 E. LAS OLAS BLVD., SUITE 1700

FORT LAUDERDALE, FL 33301

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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.

Fathleen M Valmer	June 8, 2010
Signature/Registered Agent	Date
Dunkley	June 8, 2010
Signature/Incorporator	Date