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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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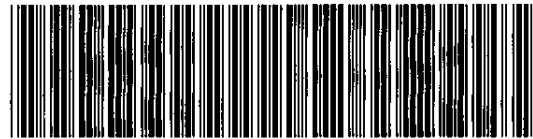
(Business Entity Name)

(Document Number)

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

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FILED  
10 JUN 16 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
6/17

BLANCHARD | MERRIAM  
ADEL | KIRKLAND  
ATTORNEYS AT LAW SINCE 1974

June 15, 2010

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

Re: Marion County Nurses Association, Inc.

Dear Sir:

Enclosed are the original and one copy of the Articles of Incorporation and Acceptance of Appointment as Registered Agent prepared for the above-noted corporation. Also enclosed is our check in the amount of \$70.00, representing:

\$ 35.00 Filing Fee  
35.00 Registered Agent Designation

After the original documents have been filed, please forward a stamped copy to this office in the envelope provided.

Thank you for your cooperation.

Sincerely,

BLANCHARD, MERRIAM,  
ADEL & KIRKLAND, P.A.

Edwin A. "Trip" Green, III

EAG/bls  
enclosures

cc: Ms. Mary Clark

4 Southeast Broadway  
P.O. Box 1869  
Ocala, Florida 34478

ph: 352.732.7218  
fax: 352.732.0017  
www.bmaklaw.com

FILED

10 JUN 16 PM 3:00

**ARTICLES OF INCORPORATION  
OF  
MARION COUNTY NURSES ASSOCIATION, INC.** SECRETARY OF STATE  
(In Compliance with Chapter 617, Florida States – Not for Profit) **JALLAHASSEE FLORIDA**

**ARTICLE I  
NAME**

The name of the corporation shall be Marion County Nurses Association, Inc.

**ARTICLE II  
PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal street address and mailing address, if different is: 2825 S.E. 45<sup>th</sup> Street,  
Ocala, Florida 34480.

**ARTICLE III  
PURPOSE**

The Marion County Nurses Association, Inc. is a not for profit corporation whose purposes is to promote the profession of nursing, foster higher standards of nursing practice, promote the professional and educational advancement of nurses, and promote the welfare of nurses so that all people may have better nursing care.

**ARTICLE IV  
MANNER OF ELECTION**

The manner in which the directors are elected or appointed will be stated in the Bylaws.

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

This Not for Profit Corporation shall have three (3) directors initially. The number of directors may be either increased or decreased from time to time by an amendment of the Bylaws

of the corporation in the manner provided by law. The names and addresses of the initial directors of this Not for Profit Corporation are:

Mary J. S. Clark  
2825 S.E. 45<sup>th</sup> Street  
Ocala, Florida 34480

Alison Brewer  
42 Bahia Trace Circle  
Ocala, Florida 34472

Carol A. Blakeman  
2224 N.E. 39<sup>th</sup> Avenue  
Ocala, Florida 34470

ARTICLE VI  
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered office and agent of this corporation is:

Registered Agent: Edwin A. Green, III

Registered Office 4 S.E. Broadway  
Ocala, Florida 34471

ARTICLE VII  
INCORPORATOR

The name and address of the incorporator signing these Articles of Incorporation is:

Mary J. S. Clark  
2825 S.E. 45<sup>th</sup> Street  
Ocala, Florida 34480

ARTICLE VIII  
DISSOLUTION

In the event that the Marion County Nurses Association, Inc. shall be dissolved for any reason, any remaining assets shall be liquidated and distributed in accordance with governmental regulations and shall not inure to the benefit of any individual member.

**IN WITNESS WHEREOF**, the undersigned incorporator has executed these Articles  
this 14 day of June, 2010.

  
\_\_\_\_\_  
MARY J. S. CLARK – Incorporator

FILED  
10 JUN 16 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

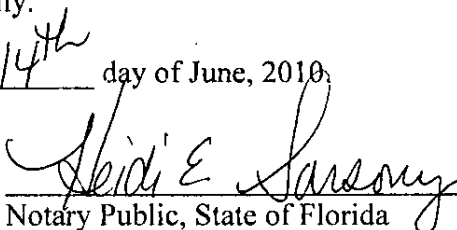
STATE OF FLORIDA  
COUNTY OF MARION

10 JUN 16 PM 3:00

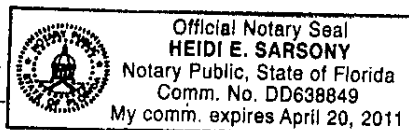
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**BEFORE ME**, a notary public duly authorized to take acknowledgments in the state and county set forth above, personally appeared MARY J. S. CLARK, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged to me that he executed the same freely and voluntarily.

**WITNESS** my hand and official seal this 14<sup>th</sup> day of June, 2010.

  
Notary Public, State of Florida

Personally Known \_\_\_\_\_ OR Produced I.D. ☒  
Type of Identification Produced FL Driver's License



**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as the 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.

DATED this 14<sup>th</sup> day of June, 2010.

  
EDWIN A. GREEN, III  
Registered Agent