

NI 00000006637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300182947413

07/12/10--01027--022 **128.75

FILED
10 JUL 12 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B McKnight JUL 15 2010

COVER LETTER

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

SUBJECT: Domestication of Delaware Non-Profit to Florida Non-Profit

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

Lane A. Houk
Name (printed or typed)

10491 Six Mile Cypress Pkwy. Suite 204
Address

Fort Myers, Florida 33966
City, State & Zip

877-437-6411 ext. 1
Daytime Telephone Number

hq@herocare.org
E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, Lane Alan Houk, Chief Executive Officer
(Name) (Title)
of Herocare, Inc. a foreign Corporation
(Corporation Name)
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 30, 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was the state of Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Herocare, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Herocare, Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was the state of Delaware.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am the CEO, of Herocare, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 7th day of July, 2010.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

FILED
10 JUL 12 PM 1:23
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

HEROCARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address shall be:
10491 SIX MILE CYPRESS PKWY. SUITE 204
FORT MYERS, FL 33966

ARTICLE III PURPOSE

The purpose for which the corporation is organized: A PUBLIC BENEFIT CORPORATION NOT ORGANIZED FOR THE PRIVATE GAIN OF ANY PERSON WITH CIVIC, PATRIOTIC AND SOCIAL PURPOSES TO BETTER THE COMMUNITIES IN WHICH WE OPERATE AND TO REDUCE RELIANCE ON GOVERNMENTAL PROGRAMS BY PROVIDING SPECIFIC RESOURCES AND EDUCATION TO THOSE WE SERVE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: DIRECTORS ARE ELECTED FOR ONE (1) YEAR TERMS BY THE MEMBERS AT THE ANNUAL MEETING OF THE MEMBERS.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):
LANE A. HOUK, CEO & DIRECTOR; JON C. CECIL, DIRECTOR; MAXINE GONZALEZ, DIRECTOR;
MICHAEL HORVATH, DIRECTOR; THOMAS WARDROPE, DIRECTOR - ALL WITH ADDRESS OF
10491 SIX MILE CYPRESS PKWY. SUITE 204, FORT MYERS, FL 33966

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent:
SHANNON M. HOUK, ESQ.
10491 SIX MILE CYPRESS PKWY. SUITE 204
FORT MYERS, FL 33966

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
LANE A. HOUK
10491 SIX MILE CYPRESS PKWY. SUITE 204
FORT MYERS, FL 33966

Having been named as registered agent and 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

FILED
10 JUL 12 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA