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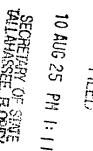
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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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PS 8/26/10

COVER LETTER

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

| SUBJECT: | Public Policy Institute of Marion County, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|---|--|-------------------------------------|--|--|--|
| | (PROPOSED CORPORATE | E NAME – <u>MUST INCLUI</u> | <u>DE SUFFIX</u>) | | |
| | | | | | |
| Enclosed is an original a | and one (1) copy of the Artic | les 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 CO | PY REQUIRED | | |
| | ' | | | | |
| FROM: | M: Beverly A. Morris, Esquire Name (Printed or typed) | | | | |
| | 2603 S.E. 17th Street, Suite B Address | | | | |
| Ocala, Florida 34471 City, State & Zip | | | | | |
| (352)732-2860 Daytime Telephone number | | | | | |
| beverlymorris@earthlink.net | | | | | |

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Public Policy Institute of Marion County, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

3001 SW College Road Ocala, Florida 34474-4415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Improve quality of life in Marion County by involving citizens in identifying, researching, discussing and recommending solutions to community-wide issues.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Board of Directors appoints new directors with the exception of two (2) directors selected by the president of the College of Central Florida.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

| Initial Officer Names | <u>Addresses</u> | <u>Titles</u> |
|-----------------------|---------------------------|-------------------------------|
| Dr. Charles Dassance | 3001 SW College Road | Chairman |
| | Ocala, Florida 34474-4415 | |
| Jillian Ramsammy | 3001 SW College Road | Vice Chairman |
| | Ocala, Florida 34474-4415 | |
| Crystal Flynn | 3001 SW College Road | Secretary/Treasurer/Executive |
| | Ocala, Florida 34474-4415 | Director |

<u>ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

Crystal Flynn College of Central Florida 3001 SW College Road Ocala, Florida 34474-4415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Charles Dassance College of Central Florida 3001 SW College Road Ocala, Florida 34474-4415

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. Crystal Flynn

Signature/Incorporator: Dr. Charles Dassance

2/18/10

Date

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