

N11000002258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

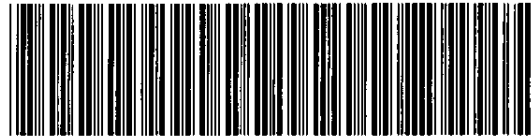
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400195009054

400195009054
03/07/11--01011--020 **87.50

RECEIVED
11 MAR -7 AM 11:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2011 MAR -7 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 08 2011

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CENTRAL LAKES HEALTH, INC.

Signature _____

Requested by: Seth

03/07/11 11:00

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

FILED
2011 MAR -7 AM 8:08
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
CENTRAL LAKES HEALTH, INC.
(A FLORIDA CORPORATION NOT FOR PROFIT)**

The undersigned acknowledges and files in the office of the Secretary of State of Florida, for the purposes of forming a corporation not for profit in accordance with the laws of the State of Florida, these Articles of Incorporation.

**ARTICLE I
NAME**

The name of this corporation is CENTRAL LAKES HEALTH, INC. (the "Corporation")

**ARTICLE II
PRINCIPAL OFFICE AND ADDRESS**

The address of the initial principal office of the Corporation is 225 E. Lemon Street, Suite 300, Lakeland, Florida 33801, and its mailing address is P.O. Box 24628, Lakeland, Florida 33802.

**ARTICLE III
NOT FOR PROFIT**

The Corporation is organized as a not for profit corporation under Chapter 617, Florida Statutes, on a non-stock basis.

**ARTICLE IV
PURPOSE**

The purpose for which the Corporation is organized is to undertake any lawful matter and to participate in any lawful activity which provides for the care of the sick and injured or promotes the general welfare of the citizens of Polk County, Florida and the surrounding areas.

**ARTICLE V
DURATION**

The Corporation shall commence existence on the filing of these Articles of Incorporation, and shall have perpetual duration.

**ARTICLE VI
INCORPORATOR**

The name and address of the incorporator is:

NAME:

Jonn D. Hoppe

ADDRESS:

P.O. Box 24628
Lakeland, Florida 33802

FILED
2011 MAR -7 AM 8:08
TALLAHASSEE, FLORIDA

ARTICLE VII
REGISTERED OFFICER AND AGENT

The initial registered office of the Corporation shall be located at 225 E. Lemon Street, Suite 300, Lakeland, Florida 33801. The initial registered agent at the address shall be Jonn D. Hoppe.

ARTICLE VIII
DIRECTORS

A. The property, affairs, business, and operation of the Corporation shall be managed and governed by a Board of Directors. The Board of Directors shall carry out the purposes, missions, and objectives of the Corporation in compliance with these Articles of Incorporation and the Bylaws of the Corporation. The number of directors may be either increased or decreased from time to time by the Bylaws, but shall never be less than three (3) nor more than thirteen (13).

B. The qualifications required for members of the Board of Directors and the manner of their election or removal shall be as set forth in the bylaws of the Corporation.

ARTICLE IX
ADOPTION AND AMENDMENT TO THE BYLAWS

The Board of Directors shall adopt Bylaws for this Corporation and may from time to time modify, alter, amend or rescind the same by an affirmative vote of two-thirds (2/3) of the total voting members of the Board of Directors present at any regular or special meeting, a majority of voting directors being present, provided a copy of the proposed amendment shall have been submitted in writing to each director at least fifteen (15) days before the meeting at which a vote upon such proposal is to be taken. If all of the voting members of the Board of Directors sign a written statement manifesting their intention that an amendment to the Bylaws be adopted, then the amendment shall thereby be adopted without the necessity of the fifteen (15) day notice.

ARTICLE X
AMENDMENTS TO ARTICLES OF INCORPORATION

The Board of Directors may amend, alter or repeal any provisions of these Articles of Incorporation. Such amendment may be proposed by any voting director of the Board of Directors, and such proposal shall be adopted by affirmative vote of two-thirds (2/3) of the total voting members of the Board at a meeting upon which such amendment is to be considered, a majority of voting directors being present, provided a copy of the proposed amendment shall have been submitted in writing to each director at least fifteen (15) days before the meeting at which a vote upon such proposal is to be taken. If all of the voting members of the Board of Directors sign a written statement manifesting their intention that an amendment to the Articles of Incorporation be adopted, then the amendment shall thereby be adopted without the necessity of the fifteen (15) day notice.

IN WITNESS WHEREOF, the undersigned, as incorporator, hereby executes these Articles of Incorporation this 4 day of March, 2011.


John D. Hoppe, Incorporator

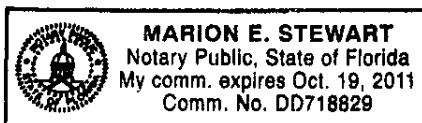
STATE OF FLORIDA
COUNTY OF POLK

The foregoing Articles of Incorporation were acknowledged before me this 4th day of March, 2011, by Jonn D. Hoppe, who [☒] is personally known to me or who [☐] has produced _____ as identification.

WITNESS my hand and official seal this 4th day of March, 2011, at Lakeland, Florida.

(NOTARIAL SEAL)


Notary Public
State of Florida at Large
My Commission Expires:



To: The Department of State
Tallahassee, Florida 32304

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 617.0151 of the Florida Not For Profit Corporation Act, the following is submitted:

CENTRAL LAKES HEALTH, INC., with its place of business at 225 E. Lemon Street, Suite 300, Lakeland, Florida 33801, has named Jonn D. Hoppe, located at 225 E. Lemon Street, Suite 300, Lakeland, Florida 33801, as its agent to accept service of process within Florida.

Having been named to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Chapter 617 of the Florida Not For Profit Corporation Act.

Dated this 4TH day of MARCH, 2011.



John D. Hoppe
Registered Agent

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 MAR - 7 AM 8:08

FILED