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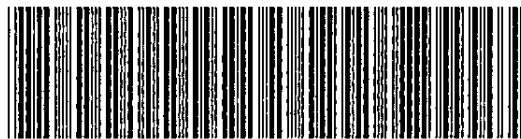
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SC 4/28

COVER LETTER

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

SUBJECT: The M.L. Bonnette Foundation, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles 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 COPY REQUIRED

FROM: Mary L. Bonnette, PhD
Name (Printed or typed)

1920 Virginia Avenue #401
Address

Fort Myers, Florida 33901
City, State & Zip

239-334-2677
Daytime Telephone number

MLBPHDRN@comcast.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: The M.L. Bonnette Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1920 Virginia Avenue #401
Fort Myers, Florida 33901

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transform the safety, effectiveness and access to healthcare services for struggling nicotine dependent tobacco users by shifting from an acute care model of care to a chronic care model.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary L. Bonnette, PhD, Founder ^{CEO} Name and Title: _____

Address: 1920 Virginia Avenue #401 Address: _____
Fort Myers, Florida 33901

Name and Title: Harris L. Bonnette Jr., Esq. Name and Title: _____

Address: One Independent Drive Address: _____
Suite # 3131
Jacksonville, Florida 32202

Name and Title: Marshall Bonnette Name and Title: _____

Address: 7492 Lita Court Address: _____
Jacksonville, Florida 32257

ARTICLE VI REGISTERED AGENT

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

Name: Mary L. Bonnette, PhD
Address: 1920 Virginia Avenue #401
Fort Myers, Florida 33901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary L. Bonnette, PhD
Address: 1920 Virginia Ave #401
Fort Myers, FL 33901

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

Mary L. Bonnette, PhD
Required Signature of Registered Agent

4-21-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mary L. Bonnette
Required Signature of Incorporator

4-21-11

Date

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TALLAHASSEE, FL 32304