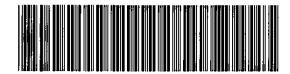
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Office Use Only



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COVER LETTER

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

SUBJECT: _	Associa	ation for University and (PROPOSED CORPORA)	•		
Enclosed is ar	n original a	and one (1) copy of the Arti	cles of Incorporation and	d a check for:	
\$70.00 Filing		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL C	OPY REQUIRED	
	FROM:	Dr. Dina Glaser			
Name (Printed or typed)					
4000 Central Florida Blvd, Building 27 Address					
Orlando, FL 32816 City, State & Zip					
		407.823.2811	виро в опина в применти	_	
		dglaser@mail.u	ıcf.edu		

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

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



RECEIVED 11 MAY 26 AM 10: 40

PLUSION OF CORTORATIONS

May 17, 2011

DR. DIANA GLASER 4000 CENTRAL FLORIDA BLVD BLDG 27 ORLANDO, FL 32816

SUBJECT: ASSOCIATION FOR UNIVERSITY AND COLLEGE COUNSELING

CENTER OUTREACH (AUCCCO) Ref. Number: W11000027185

We have received your document for ASSOCIATION FOR UNIVERSITY AND COLLEGE COUNSELING CENTER OUTREACH (AUCCCO) and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 411A00012190

Division of Companytions D.O. DOV 6997 Wellshammer Florida 99914

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME ASS	sociation for Universi	ity and Colle	ne Counselina (Center Or	itreach	a Inc
The name of the c	orporation shall be:	ociation for onlyers	ity and cone;	ge Counseling (ili caci	TITIC.
ARTICLE II	DDINOIDAI OFFIC	177					
ARTICLE II	PRINCIPAL OFFIC			Malling	14 :0 4:00		
	Principal <u>str</u>	a Blvd, Building 27		Mailing ac	ldress, if diff	erent is:	
		816					
	Origino, Florida 320						
ARTICLE III	PURPOSE						
The purpose for v	which the corporation is	organized is:					
campus community in development, idea extended understanding campus community.	terventions. The Association for change and creating standards for if outreach, prevention and educ The Association for University an	age Counseling Center Outreach Ir University and College Counseling or quality outreach services. The A cation services based on the assum d College Counseling Center Outri ives that address the intersection of	Center Outreach Inc. Association for Univers option that outreach meach Inc. recognizes t	provides opportunities for ity and College Counseling ust extend the expertise of hat, as the camous climate	networking, prof g Center Outread counseling cent g has a profound	lessional id the lnc. pror ters to the l influence of	lentity motes a larger on students!
ARTICLE IV		CTION The manner in v					
The officers for this are given the oppor	not for profit organization volution to tunity to volunteer for a variet	unteer their time and services. ty of positions. They give a thre RS AND/OR DIRECTOR	Every year universi ee year commitment	ty counseling center na	chologists from	n around	the country
		o, Ph.D., Chair		·Dina Glaser Psy	/D Treas	urer	
Address:	3100 Michigan Un	nion, 530 S State Street	Address:	4000 Central Flo			ng 27
	Ann Arbor, MI 4		, riagioss.	Orlando, FL 328			
			•				
Name and T		n.D., Conference Chair Pkwy		:Gary Glass, Ph. Chapel Drive Blo			
<u> </u>	Provo, UT 84602		Durham, NC		C 27708		
							
	itle:	 	Name and Title	:			
Address:		 -	Address:				
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ARTICLE VI	REGISTERED AGE				EÖ	T. A	100
		. Box NOT acceptable) of t	the registered age	nt is:	EM	<	200
Name:	<u>Dina Glaser</u>	 			为至	26	
Address:		lorida Blvd, Building 2	7			٠,	1356
	Orlando, FL 328	316			17 6 mag	7	
							ţ
ARTICLE VII	INCORPORATOR				3 %	•	
		·			물급	<u></u>	
Name:	tress of the Incorporator in Dina Glaser	.5.			1,5		
Address:		orido Blud Building 2	7				
Address:		orida Blvd, Building 27	f				
	Orlando, FL 328	10					
Having been nam	ed as registered agent to	o accept service of process	s for the above s	tated corporation at	the place d	esignate	d in this
certificate, I am fa	milia e with a nd gecept th	e appointment as registered	d agent and agree	e to act in this capaci	ty	Ü	
/				•		1	
(1 // X2)				くして	3/11	
	Required Signatu	ure of Registered Agent		· 	Date	7++	
I submit this door	· -		n 1 mm m m m d	-4 Cala - 1 C	٠٠٠ ۽ يين	د ودي	
i suomii inis p iocu to the Department	of State constitutes a thir	facts stated herein are tru d degree felony as provided	e. I am aware the d for in c 217 155	u any jaise informa FS	non submitte	a in a de	ocument
Department	Sun Consumoes a Inti	a acgree jeiony as provided	ajor in 5.01/.133	1.130 و ا مر])	
Y	J/_				-/23	111	
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	Required Si	ignature of Incorporator			Date		