

N11000007808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

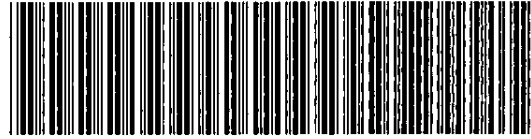
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000211042110

08/16/11--01018--006 **87.50

FILED

11 AUG 16 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
8/17

COVER LETTER

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

SUBJECT: At His Feet Medical Corporation

(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: James M. Hardiman

Name (Printed or typed)

5606 Hawklake Rd.

Address

Lithia, FL, 33547

City, State & Zip

813-829-9513

5606 Hawklake Rd. Telephone number

athisfeetmedical@gmail.com

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

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 AT HIS FEET MEDICAL CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5606 Hawklake Rd.
Lithia, FL, 33547

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AHFM aims to provide quality health care to impoverished individuals through volunteer health professionals. It is AHFM's purpose to improve individual health while providing them hope and encouragement through the Lord Jesus Christ. This corporation is organized exclusively for charitable purposes and no proceeds will enrich any individual. This Corporation shall exist in perpetuity unless dissolved. If dissolved, At His Feet Medical Corporation will distribute all remaining assets to another corporation that serves a similar purpose. The chosen corporation will also qualify as tax exempt as under the provisions of 501(c) 3 of the IRS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Election provisions of this corporation are defined in the bylaws (Article III Section 3).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Daniel B. Hardiman – Executive Director</u>	Name and Title: _____
Address: <u>5606 Hawklake Rd.</u>	Address: _____
<u>Lithia, FL, 33547</u>	_____
_____	_____

Name and Title: <u>James M. Hardiman – Medical Director</u>	Name and Title: _____
Address: <u>5606 Hawklake Rd.</u>	Address: _____
<u>Lithia, FL, 33547</u>	_____
_____	_____

Name and Title: <u>Lauren Genio – Secretary</u>	Name and Title: _____
Address: <u>605 Beavertail Rd.</u>	Address: _____
<u>Jamestown, RI</u>	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: James M. Hardiman
Address: 5606 Hawklake Rd.
Lithia, FL, 33547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel B. Hardiman
Address: 5606 Hawklake Rd.
Lithia, FL, 33547

FILED
11 AUG 16 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature of Registered Agent

08/11/2011
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.


Required Signature of Incorporator

08/11/2011
Date