# N11000010228

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(Business Entity Name)  (Document Number)
(Business Entity Name)  (Document Number)
(Business Entity Name) . (Document Number)
(Business Entity Name) . (Document Number)
(Document Number)
(Document Number)
(Document Number)
·
·
·
Certified Copies Certificates of Status
Certified Copies · Certificates of Status
,
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
,
•

Office Use Only



800213503378

10/31/11--01025--016 \*\*137.50

SECRETARY OF STATE



## **COVER LETTER**

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

SUBJECT: HBS OPM39 ALLUNIT, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: \$137.50

## FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$78.75

## **OPTIONAL:**

**Certificate of Status** 

\$ 8.75

Erica C. Van Bayel, Broad Street Brokkee

Name (printed or typed)

36 BROAD STREET

Address

Charleston, Sc. 29401

City, State & Zip

(843) 327-4151

Daytime Telephone Number

EVBE WCooper. Com

NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION

The undersigned, Gayle Bulls Dixon, Chairman of the Board (Name) (Title)
of HBS OPM 39 ALLMAN, TNC. a foreign Corporation
(Corporation Name) in accordance with section 617.1803, Florida Statutes, does hereby certify:
1. The date on which corporation was first formed was May 75 <sup>th</sup> , 7010.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HPS OPU29 Alumni, Inc. (Sume).
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is HBS OPMSP Alumni Inc
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was  California
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.
Secretary & Chairman Inc.  I am of the Board, of HBS OPM 391 Alumni, Inc.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 210th day of,
(Authorized Signature)  (Authorized Signature)
Filing Fee:
Articles of Incorporation and Certified Copy Total to domesticate and file  \$50.00  \$78.75  \$128.75
TNHS53b (8/05)

# ARTICLES OF INCORPORATION

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



ARTICLE I NAME	71.00= -
The name of the corporation shall be: HRS O	PM39 Alumai, Inc. 31 PH 2:2
	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE	FLORID
The principal place of business/mailing address shall b	e:
11111 San Jose Blud., S	te.70 #292
Jacksonville, FL 3222	3
ARTICLE III PURPOSE	
The purpose for which the corporation is organized:	7 61 6
Public Charity / Public	. Benefit Corporation
ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appoint	
By election of the Board	of Directors
ARTICLE V INITIAL DIRECTORS AND/ O	
The name(s) and address(es) and specific title(s):  Gayle Bulls Dixon  Nairman of the Board secreto  1111 Sain Jose Blud, Ste. 10# 29  Jackson ville, FL 32223	1 Steve Leach
Imitman of the Bound secreta	uny President
11111 Sain Jose Blue, Sie 10# 29	20 4 1/27 Commode Not .
ARTICLE VI INITIAL REGISTERED AGE	ENT AND STREET ADDRESS
The name and Florida street address (P.O. Box NOT	
Gayle Bulls Dixon	. , ,
11111 San Jose Blud., Ste. 70.	#292
Jacksonville, FL 32223	
ARTICLE VII INCORPORATOR	,
The <u>name and address</u> of the incorporator is:	
Gayle Bulls Dixon	11 -0
1111 San Jose Blud., Ste. 70	# 292
Jacksonville FL 32223	*********
Having been named as registered agent and 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.
Vage Trill De von	10.26.11
Signature/Registered Agent	Date
1/1/do K 1/1/10	10 2/2 1)

Date

Signature/Incorporator