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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 19 PM 3:49

Ps 4/24/12

COVER LETTER

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

SUBJECT: The Michael Fund, 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: N Jane Puckett, E.A.

Name (Printed or typed)

PO Box 1006

Address

Pierson, FL 32180

City, State & Zip

386-749-9010

156 Ashton Drive
Telephone number

medickj@bellsouth.net

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: The Michael Fund, Inc.

12 APR 19 PM 3:49

ARTICLE II PRINCIPAL OFFICE

Principal street address
156 Ashton Oaks Drive
St. Augustine, FL 32092

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist low income families with financial assistance for physical therapy and other medical needs for patients suffering from arthrogyposis.

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

Unanimous vote of board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Presser, PST
Address: 156 Ashton Oaks Drive
St. Augustine, FL 32092

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

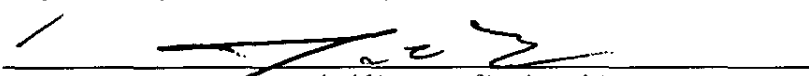
Name: John Presser
Address: 156 Ashton Oaks Drive
St. Augustine, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Presser
Address: 156 Ashton Oaks Drive
St. Augustine, FL 32092

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

04/01/12
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

04/01/12
Date