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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 29 AM 9:43

FILED

J. Shivers OCT 30 2012

COVER LETTER

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

SUBJECT: North Central Florida Dental Hygiene Association, 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: Barbara Cooney
Name (Printed or typed)

5616 SW 40th Street
Address

Ocala, Florida 34474
City, State & Zip

352-361-8575
Daytime Telephone number

BunnyCooney@yahoo.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

The name of the corporation shall be: North Central Florida Dental Hygiene Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5616 SW 40th Street
Ocala, Florida 34474

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business League

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

Officers are elected by ballot and a majority vote at the June meeting (end of the year)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanne Macomber President

Address: 5712 SW 40th Place
Ocala, Florida 34474

Name and Title: Diane Tyndall President Elect

Address: 4957 SW 45th Circle
Ocala, Florida 34474

Name and Title: Eann Novkov Vice President

Address: 1880 SE 43rd Terrace
Ocala, Florida 34471

Name and Title: Kathy Goldsmith Secretary

Address: PO Box 772901
Ocala, Florida 34477

Name and Title: Barbara Cooney Treasurer

Address: 5616 SW 40th Street
Ocala, Florida 34474

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: Barbara Cooney
Address: 5616 SW 40th Street
Ocala, Florida 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Cooney
Address: 5616 SW 40th Street
Ocala, Florida 34474

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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

Barbara Cooney
Barbara Cooney Required Signature of Registered Agent

October 23, 2012
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.

Barbara Cooney
Barbara Cooney Required Signature of Incorporator

October 23, 2012
Date