

N12000010841

(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

625-

W12000056402



600241399866

11/05/12--01031--021 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 15 PM 2:03

11/16/12

LAW OFFICE OF  
**MARIE T. BLUME, P.A.**

MAILING ADDRESS  
P.O. BOX 2763  
INVERNESS, FL 34451

506 TOMPKINS ST.  
INVERNESS, FL 34450

TELEPHONE (352) 726-7778  
FACSIMILE (352) 726-7798

November 12, 2012

**BY CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Attn: Clareth Golden, New Filing Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Nature Coast Emergency Medical Institute, Inc.  
Reference Number W120000 5640 2

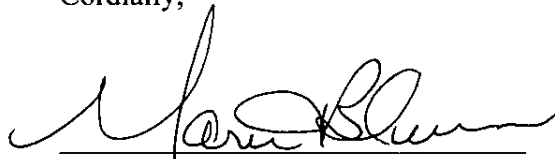
Dear Ms. Golden:

Pursuant to your letter of November 6, 2012, a copy of which is attached,  
enclosed please find the following revised documents with an effective date of January 1,  
2013.

1. Articles of Incorporation (1 original; 2 copies)
2. Certification of Designation of Registered Agent / Registered Office (1  
original; 2 copies)

Please proceed to process the documents and contact our office if anything else is  
required.

Cordially,

  
Marie T. Blume

MTB/bjg  
Enclosures: As stated above  
Cc: Michael Hall w/o Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 15 PM 2:03

LAW OFFICE OF  
**MARIE T. BLUME, P.A.**

**MAILING ADDRESS**  
P.O. BOX 2763  
INVERNESS, FL 34451

506 TOMPKINS ST.  
INVERNESS, FL 34450

TELEPHONE (352) 726-7778  
FACSIMILE (352) 726-7798

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Nature Coast Emergency Medical Institute, Inc.

**FROM:**

Marie T. Blume  
MARIE T BLUME, PA  
P.O. Box 2763  
Inverness, Florida 34451  
E-mail address: blumelaw@earthlink.net

For further information concerning this matter, please call Marie T. Blume at (352) 726-7778.

Enclosed are an original and two (2) copies of the Articles of Incorporation, Certificate of Designation of Registered Agent, and a check for \$87.50 for Filing Fee, Designation of Registered Agent, Certificate of Status & Certified Copy.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 15 PM 2:04



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2012

MARIE T. BLUME, ESQUIRE  
POST OFFICE BOX 2763  
INVERNESS, FL 34451

SUBJECT: NATURE COAST EMERGENCY MEDICAL INSTITUTE, INC.  
Ref. Number: W12000056402

We have received your document for NATURE COAST EMERGENCY MEDICAL INSTITUTE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00026988

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 15 PM 2:04

EFFECTIVE DATE 01/01/13

FILED  
SECRETARY OF STATE  
MYLENE M. CORPORACTIONS

**ARTICLES OF INCORPORATION**  
**OF**  
**NATURE COAST EMERGENCY MEDICAL INSTITUTE, INC.**  
**(A Florida Not For Profit Corporation)**

12 NOV 15 PM 2: 04

In compliance with the requirements of F.S. Chapter 617, the undersigned hereby act as incorporators in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

**ARTICLE I – NAME**

The name of the Corporation is: Nature Coast Emergency Medical Institute, Inc. (hereinafter referred to as the Institute.)

**ARTICLE II – TERM**

The existence of the Corporation shall begin on: January 1, 2013 and shall have perpetual existence.

**ARTICLE III – PRINCIPAL OFFICE**

The street address of the principal office of the Corporation is: 3876 West Country Hill Drive, Lecanto, FL 34461.

**ARTICLE IV – PURPOSE**

The specific purpose for which the Corporation is organized is: to provide educational resources and instruction to enhance and improve the quality of emergency medical services in Citrus County.

**ARTICLE V – LIMITATIONS**

The Institute shall be governed by and shall enjoy all of the powers and authority conferred under the provisions of the Florida laws relating generally to corporations not-for-profit. In exercising any of its said powers this corporation shall do so only in furtherance of the exempt purpose for which it has been organized as described in Section 501(C)(3) of the Internal Revenue Code. No shares of stock or certificates of participation shall be issued by the Institute. No dividends or other distribution of the income or profits of the Institute shall be made to its members, directors or officers. The Institute may pay reasonable compensation to its members, directors and officers for services rendered as an employee, consultant or in a capacity other than as a member of the Board of Directors and may confer benefits upon its members in conformity with the purposes of the Institute. Notwithstanding any other provisions of these Articles, the purpose for which this Institute is organized is exclusively charitable within the meaning of Section 501(C)(3) of the Internal Revenue Code.

## **ARTICLE VI – MEMBERSHIP**

The Institute shall not have members.

## **ARTICLE VII – REGISTERED OFFICE; REGISTERED AGENT**

The initial street address of the Corporation's registered office is: 3876 West Country Hill Drive, Lecanto,, Florida, 34461. The initial registered agent for the Corporation at that address is: Marie T. Blume, Esquire.

## **ARTICLE VIII – DIRECTORS**

The initial board of directors shall consist of five members. This number may be increased or decreased from time to time in accordance with the Corporation's By-Laws, but shall never be less than one. The manner of selection of members of the Board of Directors of the corporation shall be as established by the By-Laws.

The Board of Directors named in this Certificate of Incorporation are the first Board of Directors and shall hold office until the first meeting of members at which time an election of the Board of Directors shall be held.

Board of Directors elected at the first annual meeting and at all times thereafter shall serve for a term of one (1) year until the second annual meeting of members following the election of the Board of Directors and until the qualification of the successors in office. Annual meetings shall be held on the first Tuesday in October of each year at the principal office of the corporation, or at such other place or places as the Board of Directors may designate from time to time by Resolution.

The names and addresses of the persons who will serve on the initial board of directors are:

<b>Names</b>	<b>Addresses</b>
Eloy Nunez	1090 E. Crown of Roses Loop Inverness, FL 34453
Daniel Griffin	4621 NW 46 <sup>th</sup> Court Gainesville, FL 32606
James Finney	244 W. Britain St. Hernando, FL 34442
Bonnie Rybak	5365 S. Cherokee Terrace Inverness, FL 34452

Carol McHugh

9812 E. Lenox Ct.  
Inverness, FL 34450

### **ARTICLE IX – INCORPORATORS**

The names and street addresses of the persons signing these articles of incorporation are:

Names

Addresses

Eloy Nunez

1090 E. Crown of Roses Loop  
Inverness, FL 34453

Carol McHugh

9812 E. Lenox Ct.  
Inverness, FL 34450

James Finney

244 W. Britain St.  
Hernando, FL 34442

### **ARTICLE X – OFFICERS**

The Board of Directors shall elect the following officers:

President

Vice President

Secretary / Treasurer

and such officers as the By-Laws of this corporation may authorize and the Board of Directors to elect from time to time. Initially, such officers shall be elected at the first annual meeting of the Board of Directors. Until such election is held, the following persons shall serve as the Corporate Officers.

Eloy Nunez, President

James Finney, Vice President

Daniel Griffin, Secretary / Treasurer

### **ARTICLE XI – AMENDMENTS**

The By-Laws of the Institute in these Articles of Incorporation may be amended by two-thirds (2/3) vote of the members present and voting at a Regular or Special Meeting, providing there is a quorum of at least a simple majority of the members of record of the Institute present in person and voting at such meeting. Amendments may be proposed by the Executive Committee, or by petition signed by at least fifteen percent (15%) of the members of the Institute. A statement of any proposed Amendment shall accompany the Notice of any Regular or Special Meeting at which such Amendment shall be voted upon and said Notice shall be mailed not less than twenty (2) days prior to such meeting.

## ARTICLE XII – DISSOLUTION

1. Manner. The Institute may be dissolved by a three-fourths (3/4) vote of those members present, but not less than seventy-five percent (75%) of the membership as a quorum, and voting at any meeting called for such purpose, notice thereof to be given as provided in the By-Laws.


2. Distribution of Assets. In the event of dissolution of the Institute no member, officer, or director shall be entitled to or receive, either directly or indirectly, any distribution of the assets of the Institute, and the balance of all assets remaining after payment of all debts, expenses and obligations of the Institute shall be turned over to one or more organizations which themselves are exempt organizations described in Sections 501(C)(3) and 170(C)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal Government, or to a state or local government for a public purpose.

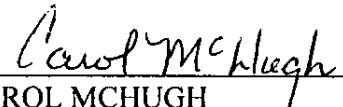
## ARTICLE XIII

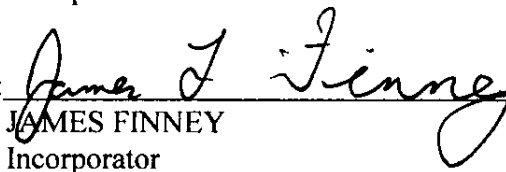
The Corporation shall indemnify its directors, officers, employees, and agents to the fullest extent permitted by law.

WE, the undersigned, being the incorporators of this corporation, for the purposes of forming this not-for-profit charitable corporation under the laws of the State of Florida, have executed these Articles of Incorporation this 21<sup>st</sup> day of October, 2012.

### INCORPORATORS

BY:   
\_\_\_\_\_  
ELOY NUNEZ  
Incorporator

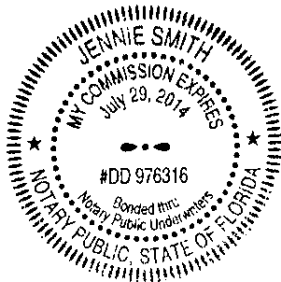
BY:   
\_\_\_\_\_  
CAROL MCHUGH  
Incorporator

BY:   
\_\_\_\_\_  
JAMES FINNEY  
Incorporator

STATE OF FLORIDA  
COUNTY OF CITRUS

On this day personally appeared before me, the undersigned office, duly authorized by the laws of the State of Florida to take acknowledgments, ELOY NUNEZ, and he then and there acknowledged before me that he executed the above and foregoing ARTICLES OF INCORPORATION in his/her capacity as Incorporator of said Institute for the purposes therein indicated.

WITNESS MY HAND and official seal at Lecanto, Citrus County, Florida, this 21<sup>st</sup> day of October, 2012.

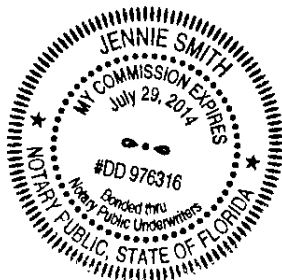


BY: Jennie Smith  
Notary Public, State of Florida  
Printed Name: Jennie Smith  
Commission No.: DD976316  
Expiration Date: 7-29-14

STATE OF FLORIDA  
COUNTY OF CITRUS

On this day personally appeared before me, the undersigned office, duly authorized by the laws of the State of Florida to take acknowledgments, CAROL MCHUGH, and she then and there acknowledged before me that she executed the above and foregoing ARTICLES OF INCORPORATION in his/her capacity as Incorporator of said Institute for the purposes therein indicated.

WITNESS MY HAND and official seal at Lecanto, Citrus County, Florida, this 21<sup>st</sup> day of October, 2012.

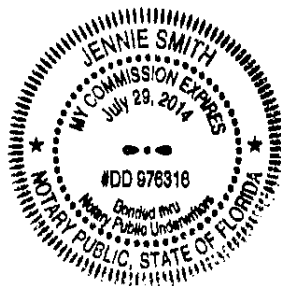


BY: Jennie Smith  
Notary Public, State of Florida  
Printed Name: Jennie Smith  
Commission No.: DD976316  
Expiration Date: 7-29-14

STATE OF FLORIDA  
COUNTY OF CITRUS

On this day personally appeared before me, the undersigned office, duly authorized by the laws of the State of Florida to take acknowledgments, JAMES FINNEY, and he then and there acknowledged before me that he executed the above and foregoing ARTICLES OF INCORPORATION in his/her capacity as Incorporator of said Institute for the purposes therein indicated.

WITNESS MY HAND and official seal at Lecanto, Citrus County, Florida, this 21<sup>st</sup> day of October, 2012



BY: Jennie Smith  
Notary Public, State of Florida  
Printed Name: Jennie Smith  
Commission No.: DD 976318  
Expiration Date: 7-29-14

**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept service of process for Nature Coast Emergency Medical Institute, Inc. at the place designated in the articles of incorporation, the undersigned is familiar with and accepts the obligations of that position pursuant to F.S. 617.0501.

Marie T. Blume  
Marie T. Blume, Esquire  
Registered Agent

10/21/12  
Date

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


UNDER THE PROVISIONS OF F.S. 607.0501, THE UNDERSIGNED CORPORATION,  
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: Nature Coast Emergency Medical Institute, Inc.
2. The name and address of the registered agent and office is:

Marie T. Blume, Esquire  
3876 West Country Hill Drive  
Lecanto,, Florida 34461

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 15 PM 2:04

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in this certificate, I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Marie T. Blume, Esquire