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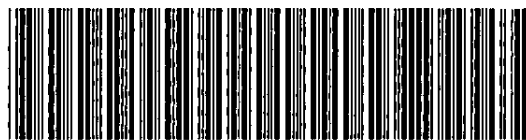
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ADDED R.A. ACCEPTANCE
STATEMENT TO ARTICLE
IV; PER TELEPHONE
CONVERSATION WITH DR.
ROGERS CAIN.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/30/12

COVER LETTER

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

SUBJECT: NORTHEAST FLORIDA MEDICAL SOCIETY FOUNDATION, 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: DR. ROGERS CAIN
Name (Printed or typed)

9390 LEM TURNER RD.
Address

JACKSONVILLE, FL 32208
City, State & Zip

904-254-2453
Daytime Telephone number

~~cainc@fcdinc.com~~ info@fcdinc.org
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
OF
Northeast Florida Medical Society Foundation, Inc.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I

The name and address of the principal corporation is **Northeast Florida Medical Society Foundation, Inc.** 9390 Lem Turner Road, Jacksonville, Florida. 32208. The corporation is organized pursuant to the State of Florida Nonprofit Corporation Code.

II

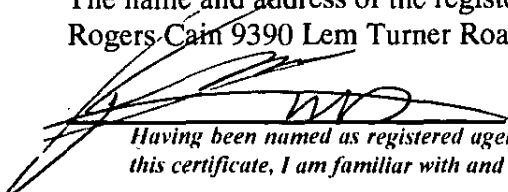
This corporation is nonprofit and is not organized for the private gain of any person. It is organized for Charitable, Educational and Humanitarian purposes as a public benefit. The program(s) will consist of but shall not be limited to: Promoting Healthcare, Youth at High Risk initiatives, Medical Literacy, Homeless assistance, Education, Career guidance, Career training, Mentoring, Counseling, and other programs and economic opportunities and relief to aid those in need while promoting self-sufficiency.

III

The duration of this corporation shall be perpetual, no stock and shall have no members.

IV

The name and address of the registered agent of the corporation shall be:
Rogers Cain 9390 Lem Turner Road, Jacksonville, Florida. 32208


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

V

The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

- (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code.
- (b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

VI

On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Educational and Charitable under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

VII

The Directors are elected in accordance with the Bylaws. A Director must be at least 18 years of age. The number of Directors shall be three (3).

Name	Address
Rogers Cain President	9390 Lem Turner Road Jacksonville, Florida 32208
Reginald Sykes Secretary	9390 Lem Turner Road Jacksonville, Florida 32208
Kenneth Jones Treasurer	9390 Lem Turner Road Jacksonville, Florida 32208

VIII

The name and address of the person to act as incorporator is:

Rogers Cain
9390 Lem Turner Road
Jacksonville, Florida 32208

IN WITNESS WHEREOF, the undersigned has executed these ARTICLES OF AMMENDMENT this 20th day of November, 2012


ROGERS CAIN

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