

N/1200000/180/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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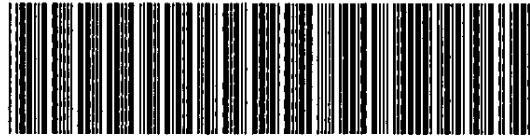
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 19 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/20

12/20/12

COVER LETTER

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

SUBJECT: Infusion Nurses Society, Space Coast Chapter, 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: Yvette Cason
Name (Printed or typed)

4025 Post Rd
Address

Melbourne, FL 32934
City, State & Zip

(321)254 4922
Daytime Telephone number

yvettecason@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 DEC 19 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 10, 2012

YVETTE CASON
4025 POST RD
MELBOURNE, FL 32934

SUBJECT: INFUSION NURSES SOCIETY, SPACE COAST CHAPTER, INC.
Ref. Number: W12000061070

We have received your document for INFUSION NURSES SOCIETY, SPACE COAST CHAPTER, 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 612A00029128

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

FILED

12 DEC 19 PM 1:12

ARTICLE I NAME

The name of the corporation shall be: Infusion Nurses Society, Space Coast Chapter, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
4025 Post Rd
Melbourne, FL 32934

Mailing address, if different is:
PO Box 410816
Sunrise, FL 32941

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INS Space Coast Chapter will serve as a local educational resource to promote excellence in infusion care. It provides educational meetings, professional development opportunities and supports the National Organization keeping the nursing community current with latest innovation in Infusion Therapy.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: *as stated in bylaws*
officers/board members will be elected annually by ballot or show of hands by chapter members at April Meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yvette Cason President
Address: 4025 Post Rd
Melbourne, FL 32934

Name and Title: Ann Marie Richmond Officer
Address: 3535 Grant Rd
Grant, FL 32949

Name and Title: Bonnie Burrell Secretary
Address: 229 Brandy Creek Circle
Palm Bay, FL 32939

Name and Title: Juanita Susie Barstow Officer
Address: 1637 Barber St
Sebastian, FL 32958

Name and Title: Rochelle Griffin Treasurer
Address: 4337 Ligustrum Dr
Melbourne, FL 32934

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: Yvette Cason
Address: 4025 Post Rd
Melbourne, FL 32934

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yvette Cason
Address: 4025 Post Rd
Melbourne FL 32934

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

Yvette Cason

Required Signature of Registered Agent

11/27/12
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.

Yvette Cason

Required Signature of Incorporator

11/27/12
Date

Articles of Incorporation : Infusion Nurses Society , Space Coast Chapter, Inc.

Article VIII DISTRIBUTION UPON DISSOLUTION

Upon the dissolution of the organization no part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private person except for the purpose of education in nursing or to another 501c3 organization whose express purpose is nursing education.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA