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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

RECEIVED FEB 14 2013

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA COMMUNITY CARE NETWORK, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Florida Community Care Network, 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: David Ramba
Name (Printed or typed)

120 South Monroe Street
Address

Tallahassee, FL 32301
City, State & Zip

850-443-4444
Daytime Telephone number

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

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

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

ARTICLE I NAMEThe name of the corporation shall be: Florida Community Care Network, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:120 South Monroe Street, Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to establish an association to collect dues from its' membership and operate the association in accordance with its' By-Laws.

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

A nomination committee made up of the original incorporator will nominate for election a Board when operations commence.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: David E. Rambo, Chairman, Secretary & TreasurerAddress: 4670 Grove Park Dr.
Tallahassee, FL 32311

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: David E. RambaAddress: 120 South Monroe Street
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: David E. RambaAddress: 120 South Monroe Street
Tallahassee, FL 32301

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

David E. Ramba
Required Signature of Registered Agent

2/14/13
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.

David E. Ramba
Required Signature of Incorporator

2/14/13
Date

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