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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 10 PM 3:07

5/14/13

## COVER LETTER

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

**SUBJECT:** Nightingale Institute for Optimum Health, 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: Dari L. Smith  
Name (Printed or typed)  
CIED, 530 W. University Avenue  
Address  
Gainesville, FL 32601  
City, State & Zip  
(352) 872-3577  
Daytime Telephone number  
darismith5@gmail.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
13 MAY 10 PM 3:07

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2013

DARI L. SMITH  
CIED  
530 W. UNIVERSITY AVENUE  
GAINESVILLE, FL 32601

SUBJECT: NIGHTINGALE INSTITUTE FOR OPTIMUM HEALTH, INC.  
Ref. Number: W13000021858

RECEIVED  
13 MAY 10 PM 3:27  
DIVISION OF CORPORATIONS

We have received your document for NIGHTINGALE INSTITUTE FOR OPTIMUM HEALTH, 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>.

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: 113A00008911

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 10 PM 3:07

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 MAY 10 PM 3: 07

**ARTICLE I NAME**

The name of the corporation shall be: Nightingale Institute for Optimum Health, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

700 SW 16<sup>th</sup> Place  
Gainesville, FL 32601

Mailing address, if different is:

**ARTICLE III PURPOSE** The purpose for which the corporation is organized is:

The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed is as stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dari L. Smith, President

Address: 700 SW 16<sup>th</sup> Place  
Gainesville, FL 32601

Name and Title: Judy Boucias, Secretary

Address: 719 SW 21<sup>st</sup> Avenue  
Gainesville, FL 32601

Name and Title: Kay Sheppard, Vice President

Address: 1595 Breese Street, NE  
Palm Bay, FL 32905

Name and Title:

Address:

Name and Title: Jennifer Tragash, Treasurer

Address: 2715 SW 8<sup>th</sup> Drive  
Gainesville, FL 32601

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: Dari L. Smith  
Address: 700 SW 16<sup>th</sup> Place  
Gainesville, FL 32601

**ARTICLE VII INCORPORATOR**

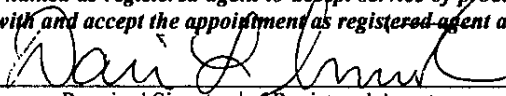
The name and address of the Incorporator is:

Name: Dari L. Smith  
Address: 700 SW 16<sup>th</sup> Place  
Gainesville, FL 32601

**ARTICLE VIII DISSOLUTION**

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of 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.

*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*

  
Required Signature of Registered Agent

5/6/13  
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.*

  
Required Signature of Incorporator

5/6/13  
Date