

N13000004575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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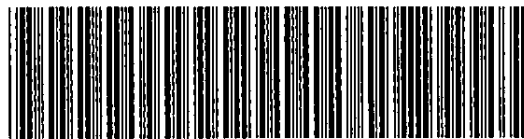
(Business Entity Name)

(Document Number)

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13 MAY 13 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
5/16/13

## COVER LETTER

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

RECEIVED  
13 MAY - 8 AM 10:25  
DIVISION OF CORPORATIONS

**SUBJECT: Society of Cooperative Medicine and Surgery, 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: **Duane F. Cumberbatch**  
Name (Printed or typed)

**8851 Boardroom Circle**  
Address

**Fort Myers, FL 33919**  
City, State & Zip

**239-989-7031**  
Daytime Telephone number

**dfcdpm@sbcglobal.net**  
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**  
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

**Society of Cooperative Medicine and Surgery, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address:

**8851 Boardroom Circle  
Fort Myers, FL 33919**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1) **The organization is a corporation dedicated to provide high quality comprehensive medical and surgical care to the uninsured, underinsured and low income members of its community, and will operate exclusively as a Charitable nonprofit organization pursuant to the laws of Florida.**
- 2) **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 persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered to the corporation and to make payments and distributions in furtherance of the purposes set forth herein.**
- 3) **Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the 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.**

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

**The directors are elected following a formal application process and in accordance with the bylaws of the corporation.**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Duane F. Cumberbatch (President)**

Address     8851 Boardroom Circle  
Fort Myers, FL 33919

Name and Title: **Husini Charara (Vice President)**

Address: 8851 Boardroom Circle  
Fort Myers, FL 33919

Name and Title: **Thomas Wanderone (Treasurer)**

Address     8851 Boardroom Circle  
Fort Myers, FL 33919

Name and Title: **Allan Brown (Vice President)**

Address: 8851 Boardroom Circle  
Fort Myers, FL 33919

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**13 MAY 13 PM 4: 24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Name and Title: **Andre Dandridge (Secretary)**

Address 8851 Boardroom Circle  
Fort Myers, FL 33919

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13 MAY 13 PM 4: 24  
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: **Duane Cumberbatch**

Address: 8851 Boardroom Circle  
Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Duane Cumberbatch**

Address: 8851 Boardroom Circle  
Fort Myers, FL 33919

*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

4/25/2013  
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

4/25/2013  
Date