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TALLAHASSEE, FLORIDA

K 09/27/13

## COVER LETTER

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

SUBJECT: Florida HOSA Alumni & Professional Association, 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: Sandralyn Rezac  
Name (Printed or typed)

13570 NW 101st Drive Suite 200  
Address

Alachua, FL 32615  
City, State & Zip

386-462-4672  
Daytime Telephone number

srezac@flhosa.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

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

### **ARTICLE I NAME**

The name of the corporation shall be: Florida HOSA Alumni & Professional Association, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address:

13570 NW 101st Drive

Suite 200

Alachua, FL 32615

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To support and promote Florida HOSA, Inc. activities at chapter, regional, and state levels.

To connect HOSA alumni and health professionals with current Florida HOSA members and advisors thereby creating educational opportunities

To offer opportunities for networking with peers while promoting personal development of Association members.

To connect health care industry with Florida HOSA to create greater knowledge of the organization and to support education in health science.

To provide scholarships for Florida HOSA members.

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

Directors elected by the membership at an annual meeting

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

Name and Title: Lloyd DeVault

Address: 13570 NW 101st Drive

Suite 200

Alachua, FL 32615

Name and Title: Sabrina Briggs

Address: 101 Shorecrest Circle

Hendersonville, TN 37075

Name and Title: Alisha Kellett

Address: Deltona HS

100 Wolf Pack Run

Deltona, FL 32725

Name and Title:

Address:

Name and Title: Jim Van Allan

Address: Keiser University Port St Lucie

10330 South US 1

Port St. Lucie, FL 34952

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 SEP 26 PM 4:30

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Lloyd DeVault  
Address: 13570 NW 101st Drive Suite 200  
Alachua, FL 32615

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lloyd DeVault  
Address: 13570 NW 101st Drive Suite 200  
Alachua, FL 32615

*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*

Lloyd DeVault

Required Signature of Registered Agent

9/20/13

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.*

Lloyd DeVault

Required Signature of Incorporator

9/20/13

Date