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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

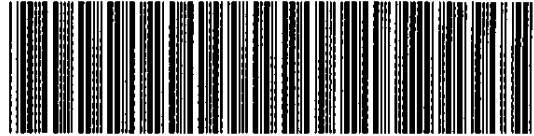
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2014 FEB 18 PM 1:50

## COVER LETTER

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

**SUBJECT:** Mental Health Coalition of North Central FLorida, 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:** Jean Theurer

Name (Printed or typed)

c/o Gainesville Opportunity Center

Address

2772 NW 43rd Street, Ste. 2

City, State & Zip

Gainesville, Florida 32606

Daytime Telephone number

jmtheurer@gmail.com

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: Mental Health Coalition of North Central Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

c/o Gainesville Opportunity Center

2772 NW 43rd Street, Ste. 2

Gainesville, Florida 32606

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to promote an understanding that mental illness  
is a disease, to reduce stigma associated with mental illness, and to be a resource to the community  
about mental illness.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

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

Name and Title: Marina Cecchini, President

Name and Title: Dorene Webster, Secretary

Address c/o Gainesville Opportunity Center

Address: c/o Gainesville Opportunity Ctr

2772 NW 43rd St., Ste. 2

2772 NW 43rd St., Ste 2

Gainesville, Fl 32606

Gainesville, FL 32606

Name and Title: Sheryl Connors, Vice President

Name and Title: Jean Theurer, Treasurer

Address c/o Gainesville Opportunity Ctr

Address: c/o Gainesville Opportunity Ctr

2772 NW 43rd St., Ste 2

2772 NW 43rd St., Ste 2

Gainesville, Fl 32606

Gainesville, Fl 32606

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

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

Address \_\_\_\_\_

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

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

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

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\_\_\_\_\_

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

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

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Marina Cecchini

Address: c/o Gainesville Opportunity Ctr

2772 NW 43rd St, Ste 2, Gainesville FL 32606

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jean Theurer

Address: c/o Gainesville Opportunity Ctr

2772 NW 43rd, Ste 2 Gainesville FL 32606

*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*

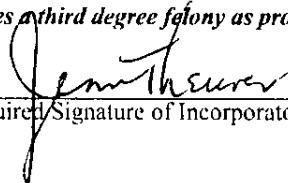


\_\_\_\_\_  
Required Signature of Registered Agent

2/14/14

\_\_\_\_\_  
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

2/17/14

\_\_\_\_\_  
Date