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**005*

3/28/14

COVER LETTER

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

SUBJECT: North Central Florida Society of PeriAnesthesia Nurses, 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: June P Williams
Name (Printed or typed)

3437 NW 156 Ave
Address

Gainesville, FL 32609
City, State & Zip

386-462-4009
Daytime Telephone number

willijp2@msn.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: NCFSPAN, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
3437 NW 156 Ave Gainesville, FL 32609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized exclusively for educational purposes, more specifically to educate perianesthesia nurses. To this end, the corporation shall at all times be operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the

Internal Revenue Code of 1986, as now enacted or hereafter amended. All funds, whether income or principal, and whether acquired by gift or contribution or otherwise, shall be devoted to said purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by vote as defined in the corporation's bylaws.

Directors shall be elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: June P Williams, President

Address: 3437 NW 156 Ave
Gainesville, FL 32609

Name and Title: _____

Address: _____

Name and Title: Emma B Labrador, Secretary

Address: 4112 NW 16th Drive
Gainesville, FL 32605

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
17 MAR 27 AM 9:59

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: June P Williams

Address: 3437 NW 156 Ave

Gainesville, FL 32609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: June P Williams

Address: 3437 NW 156 Ave

Gainesville, FL 32609

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

June P Williams
Required Signature of Registered Agent

03/17/2014

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.

June P Williams
Required Signature of Incorporator

03/17/2014

3/17/2014