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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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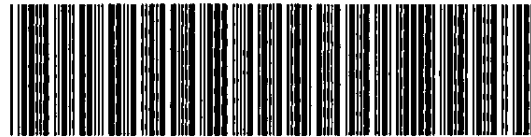
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/28

COVER LETTER

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

SUBJECT: International Health Foundation, 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: Kenneth D. Hansen, MD
Name (Printed or typed)

5917 Bayview Circle S.
Address

Gulfport, FL 33707
City, State & Zip

727-490-7771
Daytime Telephone number

bioinstitute@hotmail.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: International Health Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5917 Bayview Circle S.

Gulfport, FL 33707

Mailing address, if different is:

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TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote healthcare, medical advancement, and other items of general welfare including the support of other IRS approved 501C(3) entities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Initial Directors and Officers appointed by Incorporator, subsequent Directors and Officers elected every two years by Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth D. Hansen, MD, JD, President and Director

Address: 5917 Bayview Circle S.
Gulfport, FL 33707

Name and Title: _____

Address: _____

Name and Title: David S. Hansen, MBA, JD, V.P and CFO, Director

Address: 6720 Isla Del Rey
El Paso, TX 79912

Name and Title: _____

Address: _____

Name and Title: Barbara C. Hansen, PhD, Director

Address: 5917 Bayview Circle S.
Gulfport, FL 33707

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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STATE DEPT 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: Kenneth D. Hansen, MD

Address: 5917 Bayview Circle S.
Gulfport, FL 33707

ARTICLE VII INCORPORATOR

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

Name: Kenneth D. Hansen, MD

Address: 5917 Bayview Circle S.
Gulfport, FL 33707

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

July 22, 2014

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

July 22, 2014

Date