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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 5 2015

**S. GILBERT**

## COVER LETTER

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

SUBJECT: Northeast Florida Healthcare Coalition, 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: Elizabeth Payne  
Name (Printed or typed)

6850 Belfort Oaks Place  
Address

Jacksonville, FL 32216  
City, State & Zip

904-279-0880  
Daytime Telephone number

epayne@nefrc.org  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

Original

ARTICLES OF INCORPORATION  
OF  
NORTHEAST FLORIDA HEALTHCARE COALITION, INC.

We, the undersigned, hereby associate ourselves for the purpose of becoming a corporation not for profit under and pursuant to Chapter 617, Florida Statutes.

ARTICLE I  
NAME OF CORPORATION

The name of this corporation shall be Northeast Florida Healthcare Coalition, Inc.

ARTICLE II  
PLACE OF BUSINESS

The principal place of business and mailing address for Northeast Florida Healthcare Coalition, Inc. shall be:

6850 Belfort Oaks Place  
Jacksonville, FL 32216

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ARTICLE III  
PURPOSE

The purpose of the corporation shall be to serve as a multi-jurisdictional multi-disciplinary coordination entity to assist emergency management with preparedness, response and recovery objectives and activities related to health and medical disaster operations for Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties.

ARTICLE IV  
BOARD OF DIRECTORS

The business and affairs of the corporation shall be managed by the Board of Directors in accordance with these Articles of Incorporation and the Bylaws. The Board of Directors shall consist of Chair, Vice-Chair, Secretary/Treasurer, and additional members as provided for in the Bylaws. Each member of the Board of Directors shall be elected or appointed at the time and in the manner prescribed in the Bylaws.

ARTICLE V  
INITIAL OFFICERS

The following named initial Officers shall manage and direct the affairs of this corporation until the first election of officers under these Bylaws:

Leigh Wilsey  
6850 Belfort Oaks Place  
Jacksonville, FL 32216

Chair

Jeffrey Alexander  
6850 Belfort Oaks Place  
Jacksonville, FL 32216

Vice-Chair

Richard Ward  
6850 Belfort Oaks Place  
Jacksonville, FL 32216

Secretary/Treasurer

ARTICLE VI  
REGISTERED OFFICE AND REGISTERED AGENT

The registered office and the principal address of the corporation shall be 6850 Belfort Oaks Place, Jacksonville, FL 32216. The registered agent at that address shall be Elizabeth Payne.

ARTICLE VII  
INCORPORATOR

The name and street address of the incorporator of these Articles of Incorporation is as follows:

Brian D. Teeple  
6850 Belfort Oaks Place  
Jacksonville, FL 32216

ARTICLE VIII  
EXISTENCE

This corporation shall have perpetual existence commencing on the day of filing of Articles of Incorporation by the Florida Department of State.

ARTICLE IX  
FISCAL AGENT

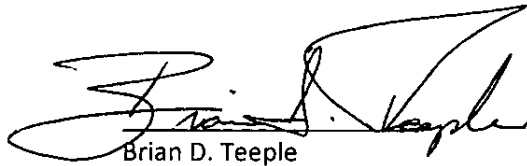
Northeast Florida Healthcare Coalition, Inc. shall designate the Northeast Florida Regional Council as its Fiscal Agent until such time as the Board of Directors designates another Fiscal Agent or elects to act as its own Fiscal Agent. The Secretary/Treasurer shall work closely with the Fiscal Agent performing oversight activities for the corporation under the guidance of the Board of Directors.

ARTICLE X  
BYLAWS

The Bylaws of the corporation shall be adopted by the Board of Directors and may be altered, amended, rescinded, or added to in the manner provided by the Bylaws.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 12<sup>th</sup> day of January, 2015. 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 third degree felony as provided for in Section 817.155 Florida Statutes.

INCORPORATOR

  
Brian D. Teeple

STATE OF FLORIDA  
COUNTY OF DUVAL

The FOREGOING instrument was acknowledged and sworn to before me this 12<sup>th</sup> day of January, 2015, by BRIAN D. TEEPLE.

  
Notary Public



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 of registered agent and agree to act in this capacity.

Dated: 1/12/15

  
Elizabeth Payne