

N1/5000002501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

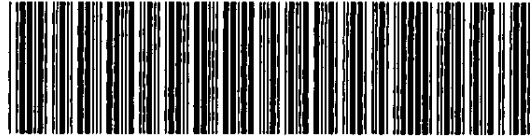
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 10 2015
S. GILBERT

COVER LETTER

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

SUBJECT: MISSION CLINIC OF PALM SPRINGS 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: DON MANESS
Name (Printed or typed)

3300 10TH AVE N
Address

PALM SPRINGS, FL 33461
City, State & Zip

561.460.3555
Daytime Telephone number

DMANESS@AOL.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: MISSION CLINIC OF PALM SPRINGS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3300 10TH AVENUE N

PALM SPRINGS, FL 33461

Mailing address, if different is:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE FREE MEDICAL SERVICES
TO THE INDIGENT AND THOSE NOT COVERED BY INSURANCE
OR MEDICAID.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: ELECTED
BY THE MEDICAL MISSION COMMITTEE OF PALM SPRINGS BAPTIST CHURCH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BETTY YON, PRESIDENT

Address: 504 DAVIS RD., #83
PALM SPRINGS, FL 33461

Name and Title: JOHN REMY SR., VICE PRESIDENT

Address: 1202 WATERVIEW CR
PALM SPRINGS, FL 33461

Name and Title: MARTHA LUIS, SECRETARY

Address: 2540 BOUNDBROOK #103
WEST PALM BEACH, FL 33406

Name and Title: WILLIAM A. EVANS, TREASURER

Address: 213 RUSSELL RD.
PALM SPRINGS, FL 33461

Name and Title: DON MANESS, EXEC. DIRECTOR

Address: 1007 WYNNDALE WAY
LANTANA, FL 33462

Name and Title: _____

Address: _____

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: DON MANESS
Address: 1007 WYNNDAL WAY
LANTANA, FL 33462

ARTICLE VII INCORPORATOR

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

Name: DON MANESS
Address: 1007 WYNNDAL WAY
LANTANA, FL 33462


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

2-27-15
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

2-27-15
Date