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## **COVER LETTER**

IAHSS-CENTRAL FLORIDA EAST CHAPTER (CFE) Incorporated

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

SUBJECT:						
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )						
Enclosed is an original a	nd one (1) copy of the Arti	cles of Incorporation and	a check for:			
· ·	• • • • • • • • • • • • • • • • • • • •					
\$70.00	\$78.75	□\$78.75	□ \$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
i imig i cc	Certificate of					
		& Certified Copy	Certified Copy			
	Status		& Certificate			
		ADDITIONAL COPY REQUIRED				
KATHRYN A. ARTINGSTALL FROM:						
TROM.	Name (Printed or typed)		-			
		· • • • • • • • • • • • • • • • • • • •				
	17515 County Road 448					
			=			
		Address				

Mount Dora, Florida 32757

407-660-7700 EXTENSION 3316

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

City, State & Zip

Daytime Telephone number

kathryn.artingstall@FlHosp.org
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be:  ARTICLE II PRINCIPAL OFFICE  Principal street address: Florida Hospital Winter Park  17515 County Road 448  This contact to total East chapter most potated.  Mailing address, if different is:	7.2 34.38.38. XVM.38338 71.4
Principal street address:  Florida Hospital Winter Park  17515 County Road 448  Mailing address, if different is:	
Florida Hospital Winter Park  17515 County Road 448	5성() 3주()
17515 County Road 448 ==================================	
17515 County Road 448	읽다
/ m ·	<u>20</u>
Mount Dora, Florida 32757	
ARTICLE III PURPOSE  To provide and promote multidisciplinary security and safety education	n
i ne purpose for which the corporation is organized is:	
to IAHSS Central Florida East Chapter members for the purpose of professional growth and service improvements within the	
field of hospital safety and security.	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:	LAW
THE Hallies in which the directors are elected and appointed.	_
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Regional President Carl Stark  Vice Chair-Bryan Margeson	
Name and Title: Name and Title: Name and Title: 1414 S. Kuhl Avenue-MP 52  Address Address:	
Tampa, Florida 33634 Orlando, Florida 32806	
Convergent Technologies Orlando Health	
Name and Title: Secretary-Ross Linville Name and Title:	
Address 200 North Lakemont Avenue Address: 12001 Science Drive, Ste 135	
Winter Park, Florida 32792 Orlando, Florida 32826	
Florida Hospital Winter Park Security 101	
Name and Title: Chair-Elect Chris Fender Name and Title: Treasurer-James Dycus	
Address 601 East Rollins Street Address: 1417 North Semoran Blvd, Ste 207	
Address Orlando, Florida 32803 Address: 1417 North Semoran Blvd, Ste 207 Orlando, Florida 32807	

Name and Title:	1	Name and Title:	_	
Address ,_				
_	•		<u>-</u>	
-			_	
Name and Title:	7	Name and Title:		
Address				
		Addition	•	
_		<del></del>	•	
	REGISTERED AGENT			
The <u>name and F</u>	orida street address (P.O. Box NOT accepts	able) of the registered agent is:		
Name:	Kathryn Artingstall			<u> </u>
Address:	17515 County Road 448		교	SEC
	Mount Dora, Florida 3275	<del>57</del>		
ARTICLE VII The name and ac	INCORPORATOR Idress of the Incorporator is:			
Name:	Kathryn Artingstall		<u></u>	D RPORATI
Address:	17515 County Road 448		1/3	SHO
71447055.	Mount Dora, Florida 3275	57		
ARTICLE VIII	EFFECTIVE DATE: Sentember	10. 2015		
Effective date, if	other than the date of filing: Septenible	COPTIONAL)  I cannot be more than five business days prior or 90 b	usine:	ss days
	inserted in this block does not meet the appl tive date on the Department of State's record	licable statutory filing requirements, this date will not be ds.	: listed	as the
		f process for the above stated corporation at the place registered agent and agree to act in this capacity	design	ated in this
- Kart	and Idhahel	0 10/13	17	
	Required Signature of Registered A	gent Date		
		n are true. I am aware that any false information submit	ted in	a document
w me vepunmen	t of State constitutes a third degree felony as	province for in 8.617.133, F.S.	1	
100	- Johnstell		3)15	
<u> </u>	Required Signature of Incorpo	orator Date		<del></del>