

# N/5000011908

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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*12/18/15*

## COVER LETTER

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

**SUBJECT:** Florida Lifespan Respite Alliance, Incorporated  
(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: Dr. Terry Rhodes  
Name (Printed or typed)

111 North Gadsden Street, Suite 200  
Address

Tallahassee, FL 32301

City, State & Zip

850-921-4494 Ext 138

Daytime Telephone number

Trhodes@ounce.org

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 OF The Florida Lifespan Respite Alliance

## ARTICLE I - NAME

The name of the corporation shall be the Florida Lifespan Respite Alliance, Incorporated.

## ARTICLE II -ADDRESS

The principal place of business and mailing address of the corporation shall be 111 North Gadsden Street, Suite 200, Tallahassee, FL 32301-1507.

## ARTICLE III - PURPOSE

The purpose for which the corporation is organized shall be to promote access to affordable, high-quality lifespan respite care services in Florida for family and unpaid caregivers of people of all ages and disability types and to serve as a focal point and voice for respite care in the state of Florida.

## ARTICLE IV - ELECTION OF DIRECTORS

New Members of the Board of Directors shall be elected by a simple majority vote of the Board of Directors.

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TALLAHASSEE, FLORIDA

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## ARTICLE V - INITIAL DIRECTORS

The initial directors of the organization shall be:

Jean Sherman, President

11306 SW 9<sup>th</sup> Court, Pembroke Pines, FL 33025

Signature Jean Sherman Date 12-10-15

Horton Townes, Vice President & Treasurer

10653 Lake Vista Drive, Seminole, FL 33772

Signature H. Townes Date 12-18-15

Lisa Bretz, Secretary

8317 Thornridge Lane, Tallahassee, FL 32312

Signature Lisa S. Bretz Date 12-14-15

Susan J. Redmon, Director-at-large

167 Cane Creek Road, Quincy, FL 32351

Signature Susan J. Redmon Date 12-17-15

Connie Siskowski, Director-at-large

1515 N. Federal Hwy. #218, Boca Raton, FL 33432

Signature Connie Siskowski Date 12/16/2015

Christine Kuosra, Director-at-large

4040 Esplanade Way, Tallahassee, FL 32399

Signature Christy Kuosra Date 12/17/15

Ellen Marraffino, Director-at-large

2703 SW 132 Terrace, Archer, FL 32618

Signature Ellen M. Maraffino Date 12/18/15

ARTICLE VI - REGISTERD AGENT

The Registered Agent of the corporation shall be:

Dr. Terry Rhodes

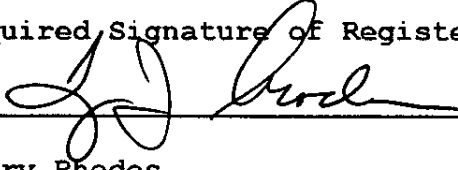
C/O The Ounce of Prevention Fund of Florida

111 North Gadsden St, Suite 200

Tallahassee, FL 32301

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:

 Date: 12/18/15  
Terry Rhodes

ARTICLE VII - INCORPORATOR

The Incorporator of the corporation shall be:


Horton Townes

10653 Lake Vista Drive

Seminole, FL 33772

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:

 Date: 12-18-15  
Horton Townes

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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