

N16000001543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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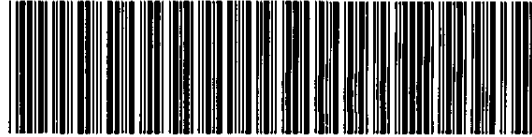
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02-18-18

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

Florida Compassion Foundation, Inc.

SUBJECT: _____

(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: Kimberly K. Hussey

Name (Printed or typed)

3258 N. Chamberlain Blvd

Address

North Port, FL 34286

City, State & Zip

941-504-3353

Daytime Telephone number

kimberlyhussey@icloud.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

Florida Compassion Foundation, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3258 N. Chamberlain Blvd

Mailing address, if different is:

North Port, FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ to provide financial support for the caregivers and families of Alzheimer's and Dementia patients. We provide financial support for the families and caregivers when no other means are available.

If dissolution of the foundation becomes inevitable, all remaining assets will be distributed in their entirety to the Florida Gulf Coast Chapter of the Alzheimer's Association.

ARTICLE IV MANNER OF ELECTION _____ The manner in which the directors are elected and appointed: _____ by board of dir. vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Tracy L. Hussey, CEO	Name and Title:	Kimberly K. Hussey, CFO
Address	3258 N. Chamberlain Blvd	Address:	3258 N. Chamberlain Blvd
	North Port, FL 34286		North Port, FL 34286
	_____		_____

Name and Title:	Richard Mac Hussey, Boardmember	Name and Title:	_____
Address	2693 Jackson Pike	Address:	_____
	Batavia, OH 45103		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Tracy L Hussey
 Address: 3258 N. Chamberlain Blvd
North Port, FL 34286

ARTICLE VII INCORPORATOR

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

Name: Kimberly K. Hussey
 Address: 3258 N. Chamberlain Blvd
North Port, FL 34286


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/1/2016
 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

2/1/2016
 Date