# N1600002-118

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Ad                                     | ldress)            |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | ÷#)       |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL MAIL |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
| :                                       |                    |           |  |  |
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Office Use Only



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SECRETARY OF STATE

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#### COVER LETTER

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

|                         | (PROPOSED CORP                             | ORATE NAME – <u>MUST IN</u>         | CLUDE SUFFIX)                                    |
|-------------------------|--|-------------------------------------|--|
| closed is an original a | and one (1) copy of the Art                | ticles of Incorporation and         | a check for:                                     |
| ■ \$70.00<br>Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |
|                         |  | ADDITIONAL CO                       | PY REQUIRED                                      |
| FROM:                   | Jennifer L. Spears                         |                                     | -  |
|                         | P.O. Box 102                               | me (Printed or typed)               |  |
|                         |  | Address                             | _  |
|                         | Sorrento, Florida 32776-0102               | 2                                   |  |
|                         |  | City, State & Zip                   | <del>-</del>                                     |
|                         | 407-402-0223                               |                                     |  |
|                         | Dayt                                       | ime Telephone number                | _  |

Southeastern Homicide Investigators Association, Inc.

jspears@seminolesheriff.org

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

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



February 15, 2016

JENNIFER L. SPEARS PO BOX 102 SORRENTO, FL 32776-0102

SUBJECT: SOUTHEASTERN HOMICIDE INVESTIGATORS ASSOCIATION,

INC.

Ref. Number: W16000011222

We have received your document for SOUTHEASTERN HOMICIDE INVESTIGATORS ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 816A00003136

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME Southeastern Homicide Investigators Association, Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if alterent is SS Principal street address: 100 Bush Blvd. P.O. Box 102 Sanford, Florida 32773 Sorrento, Florida 32776-0102 ARTICLE III PURPOSE The Purpose for which the corporation is organized is: scientific purposes, including the education of law enforcement officers and for purposes such as the making of distributions to organizations that qualify as exempt organizations under section 501[c][3] of the Internal Revenue Code, or the corresponding section of any future federal tax code. See attached page ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:\_\_\_ President/Director Teresa Sprague Vice Pres./Director Name and Title P.O. Box 102 P.O. Box 102 Address Address: Sorrento, Florida 32776-0102 Sorrento, Florida 32776-0102 Daniel Anderson Director Joshua Mott Director Name and Title: Name and Title P.O. Box 102 P. O. Box 102 Address Address: Sorrento, Florida 32776-0102 Sorrento, Florida 32776-0102 \_\_\_\_\_ Name and Title: Name and Title: Address Address:

# ARTICLES OF INCORPORATION

# SOUTHEASTERN HOMICIDE INVESTIGATORS ASSOCIATION, INC.

## ARTICLE IV:

The Directors are elected and appointed by the vote of the members of the corporation.

#### ARTICLE IX:

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered or expenses incurred and to make payments and distributions in furtherance of the purposes set forth in the preceding articles. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in [to include the publishing or distributing of statements] any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Corporation.

## ARTICLE X:

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501[c][3] of the Internal Revenue code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the Corporation is located and for the purposes or to such organizations as the Court may determine are organized or operating in accordance with the purposes of the Corporation.

| Name and Title:_    | N  | Jame and Title:  | _                  |
|---------------------|--|--|--------------------|
| Address             | A  | Address:   | -                  |
|                     |  | <del></del>  | _                  |
|                     |  | <u> </u>   | <del>-</del>       |
| Name and Title:_    | N  | lame and Title:  | -                  |
| Address             | A  | Address:   | <del>.</del>       |
| _                   |  |  | _                  |
|                     |  |  | _                  |
|                     | REGISTERED AGENT   |  |                    |
| The name and Flo    | Tampifant Consum   | ble) of the registered agent is:   |                    |
| Name:               | Jennifer L. Spears   | ALL  | g <b>5</b>         |
| Address:            | 100 Bush Blvd.   | <u></u>  | AR -               |
|                     | Sanford, Florida 32773   |  | MAR - I PM 1:59    |
|                     |  | m'c<br>mc  | 3 3 1              |
|                     | INCORPORATOR dress of the Incorporator is:   | [ 0 ;  | d <del>-</del> [   |
|                     | Jennifer L. Spears   | ווסא<br>מוסא   | 59                 |
| Name:               | 100 Bush Blvd.   |  |                    |
| Address:            | Sanford, Florida 32773   |  |                    |
|                     | Bantord, Florida 32773   | ,<br>  |                    |
|                     | EFFECTIVE DATE: other than the date of filing:   | (OPTIONAL)   |                    |
|                     |  | cannot be more than five business days prior or 90                                       | business days      |
|                     | inserted in this block does not meet the appli-<br>ive date on the Department of State's records                 | cable statutory filing requirements, this date will not b                                | e listed as the    |
|                     |  | process for the above stated corporation at the place                                    | designated in this |
| cerujicaie, i am jų | mittar with and accept the appointment as re   | egistered agent and agree to act in this capacity  |                    |
|                     | Required Signature of Registered Ag  | 2.25   | . 2016             |
|                     | •  | Date Date  |                    |
|                     | ment and affirm that the facts stated herein <i>o</i><br>of State constitute <u>s a</u> third degree felony as p | are true. I am aware that any false information submi<br>provided for in s.817.155, F.S. | tted in a document |
|                     | 7/02/500   |  | -,2016             |
|                     | Required Signature of Incorpor   | rator Date   | 2016               |