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16 MAR 28 PM 2:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

gf 3/31/14

COVER LETTER

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

SUBJECT: Health COPIN, 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: Dr. Stella H. Nemuseso

Name (Printed or typed)

9794 SW 125th Court Road

Address

Dunnellon, Florida 34432

City, State & Zip

(352) 414-9251

Daytime Telephone number

therapydynamics@gmail.com

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

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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: Health COPIN, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9794 SW 125th Court Road

Dunnellon, Florida 34432

Mailing address, if different is:

P. O. Box 772035

Ocala, Florida 34477

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide goal oriented health awareness, education, intervention, coaching for healthy lifestyles through collaborative efforts, scientific research, self-management, peer-to-peer, support groups and community engagement for behavioral changes with lasting positive influences on emotional, intellectual, physical, psychosocial, spiritual health and wellness reducing suffering from chronic disease regardless of race, ethnicity, or religion. We will develop and implement fundraising projects, efforts, establish communication practices and material such as press releases, organizational newsletters, community calendars, social media platforms for information dissemination to provide lasting impact on health to persons suffering from chronic disease; individuals seeking preventative & solutions for optimum health in rural, undeserved & food desert populations.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: outlined in the Bylaw

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dr. Stella H. Nemuseso President/ Dir</u>	Name and Title:	<u>Dandi E. Sapp Secretary / Director</u>
Address	<u>9794 SW 125th Court Road</u>	Address:	<u>6030 SW 138th Ter</u>
	<u>Dunnellon</u>		<u>Ocala</u>
	<u>Florida, 34432</u>		<u>Florida, 34481</u>
Name and Title:	<u>Dr. Jerome D. Lowe Treasurer / Director</u>	Name and Title:	<u>Shirley Archer-Albert / Director</u>
Address	<u>7320 E. Fletcher Ave</u>	Address:	<u>67 Hemlock Course Run</u>
	<u>Tampa</u>		<u>Ocala</u>
	<u>Florida, 33637</u>		<u>Florida, 34472</u>
Name and Title:	<u>Dr. Judy Carr / Director</u>	Name and Title:	<u>Sandra Foerester / Director</u>
Address	<u>4834 SW 121st Rd.</u>	Address:	<u>73 Silver Place</u>
	<u>Webster</u>		<u>Ocala</u>
	<u>Florida, 33597</u>		<u>Florida, 34472</u>

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: Dr. Stella H. Nemuseso, PT, DPT
Address: 9794 SW 125th Court Road
Dunnellon, Florida 34432

ARTICLE VII INCORPORATOR

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

Name: Dr. Stella H. Nemuseso
Address: 9794 SW 125th Court Road
Dunnellon, Florida 34432


ARTICLE VIII EFFECTIVE DATE: 3/22/2016

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

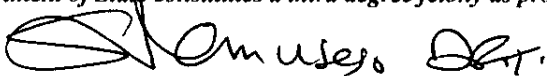


Required Signature of Registered Agent

3/22/16

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

3/22/16

Date

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SECRETARY OF STATE
ALL APPLICANTS 0004