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(Requestor's Name)

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(City/State/Zip/Phone #)

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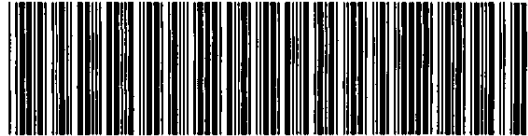
(Business Entity Name)

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TALLAHASSEE, FLORIDA
16 JUL -5 PM 1:25

COVER LETTER

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

SUBJECT: Ascendant Partnership, 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: JoAnn Vanfleteren
Name (Printed or typed)

2719 Blackshear Avenue
Address

Pensacola FL 32503
City, State & Zip

850 221 5384
Daytime Telephone number

joann.vanfletcher@gmail.com
E-mail address: (to be used for future annual report notification)
joann@ascendantpartnership.com

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

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

ARTICLE I NAME

The name of the corporation shall be: Ascendant Partnership, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2719 Blackshear Ave
Pensacola FL 32503

Mailing address, if different is:

101 S. Palafox #1710
Pensacola FL 32502

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: fundraising for supply and logistical support for the provision of health care in the community of Pensacola, Florida, including volunteer coordination, follow-up, information campaigns, recruiting providers, and bringing in non-local provider teams.

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

to be stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Board	
Name and Title: <u>Jocann Vanfleteren, chair</u>	Name and Title: <u>Laura Spoberg, secretary</u>
Address: <u>2719 Blackshear Ave</u> <u>Pensacola FL 32503</u>	Address: <u>2550 SW 14th Dr</u> <u>Gainesville FL 32608</u>

Vice Chair	
Name and Title: <u>Christy Mandersm</u>	Name and Title: <u>Katrina Snider, Treasurer</u>
Address: <u>516 Dracena Way</u> <u>Gulf Breeze FL</u> <u>32561</u>	Address: <u>3044 Holley Point Rd</u> <u>Navarre, FL 32566</u>

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Name and Title: Thomas B. Tan, Board member Name and Title: _____
Address: 4625 Francisco Road Address: _____
Pensacola FL 32504

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joann van Aeteren
Address: 2719 Blackshear Ave
Pensacola FL 32503

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joann van Aeteren
Address: 2719 Blackshear Ave
Pensacola FL 32503

Article IX. Should
ascendant partnership
be dissolved, all of its
assets will be used for
charitable purposes by
way of donation to
the United Way.

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

[Signature]
Required Signature of Registered Agent

6/26/16
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.

[Signature]
Required Signature of Incorporator

6/26/16
Date