

N16000000 8827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

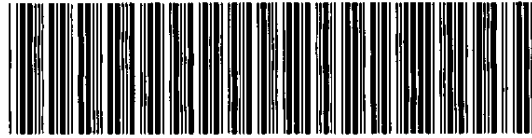
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COVER LETTER

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

SUBJECT: National Alliance on Mental Illness on Campus 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: Jennifer Samander
Name (Printed or typed)

1000 W Brevard St Apt 225
Address

Tallahassee FL, 32304
City, State & Zip

772-579-0716
Daytime Telephone number

jennifersamander@me.com
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
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: National Alliance on Mental Illness On Campus III

ARTICLE II PRINCIPAL OFFICE

Principal street address:

NAIM On Campus, Student

Activities Center, A305 Oglesby Union,

PO Box 3064026, Tallahassee, FL 32306-4026

Mailing address, if different is:

1000 W Brevard St Apt 225

Tallahassee FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to raise mental health awareness
on college campuses through peer support, advocacy,
socials, events etc (This is a student-led organization
and nonprofit) The club also works towards destigmatizing
mental illness.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors
are voted in by previous/current members of the board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dillon Jepsen Secretary

Address: 434 W Jefferson St

Dillon Jepsen

Christian Adeleke

Name and Title: Christian Adeleke (VP)

Address: 344 Hayden Road

CAO

Name and Title: Christina Bruenert Event Coordinator

Address: 1000 W Brevard St Apt 241

Tallahassee, FL 32304

Christina Bruenert

Name and Title: Jennifer Samander

Address: President

1000 W Brevard St Apt. 225

Tallahassee, FL 32304

Name and Title: Betoul Azzeh

Address: 2566 W. Tennessee St.

APT 1222, Tallahassee, FL 32304

Fundraising Coordinator

Name and Title: Tiffany Bowers

Address: 774 E Timberwood

Tallahassee, FL

32304

Publicity Coordinator

Tiffany Bowers

Name and Title: Tyler Valente Name and Title: _____

Address: Event Coordinator Address: _____

228 Dixie Dr., Tallahassee,
FL 32304

Tyler Valente

Name and Title: Shelby Davis / Treasurer Name and Title: _____

Address: 942 Learning Way, Tallahassee, Address: _____

FL 32306

ARTICLE VI REGISTERED AGENT

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

Name: Jennifer Samander

Address: 1000 W Brevard St

Apt 225, Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Samander

Address: 1000 W Brevard St

Apt. 225, Tallahassee, FL 32304

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

Jennifer Samander

Required Signature of Registered Agent

9/7/16

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.

Jennifer Samander

Required Signature of Incorporator

9/7/16

Date

Dillon Jepsen, Secretary

1000 W Brevard St Apt 225
Tallahassee, FL 32304

Christian Adeleke, Vice president

1000 W Brevard St Apt 225
Tallahassee FL 32304

Christina Bruehert, Director

1000 W Brevard St Apt 225
Tallahassee FL 32304

Jennifer Samander, president

1000 W Brevard St Apt 225
Tallahassee FL 32304

Betoul Azzeh, Director

1000 W Brevard St Apt 225
Tallahassee FL 32304

Tiffany Bowers, director

1000 W Brevard St Apt 225
Tallahassee FL 32304

Tyler valente, director

1000 W Brevard St Apt 225

Tallahassee FL 32304

Shelby Davis, treasurer

1000 W Brevard St Apt 225

Tallahassee FL 32304