

N16000010911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

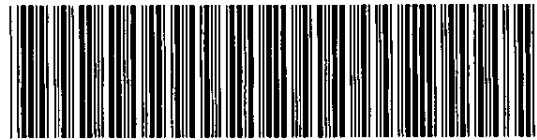
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: Sure Med Community, 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: Robert Stevenson  
Name (Printed or typed)  
1933 24th Street Circle West  
Address  
Palmetto, Florida 34221  
City, State & Zip  
941-779-7178  
Daytime Telephone number

robby.stevenson@suremedcompliance.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
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GAT / 108701  
16 NOV - 7 PM 1:56

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

**ARTICLE I NAME**

The name of the corporation shall be: Sure Med Community, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <b>street</b> address: <u>1933 24th Street Circle West</u> <u>Palmetto, Florida 34221</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sure Med Community's purpose is to end the drug abuse epidemic through delivering meaningful education and resources to stakeholders within individual communities. Our program includes training health-care professionals in doctors offices, hospitals and other venues and helping partner them with resources which can be used to identify patients that are at a high risk for abusing prescription or illicit drugs. One of our trainings, "Risks and Recommendations" educates healthcare providers on the risks of improper prescribing and what guidelines can be followed to help mitigate risk. The training also focuses on teaching prescribers what alternative therapies can be used in lieu of controlled substances. Once training is delivered, we educate them on resources they can use to create responsible prescribing and management of patients.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: According to by laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

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SECRET  
FALL STATE  
FALL STATE  
FALL STATE

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: Robert Stevenson  
Address: 1933 24th Street Cir West  
Palmetto, FL 34221

FILED  
SEC. OF STATE  
16 NOV -7 PM 1:54

**ARTICLE VII INCORPORATOR**

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

Name: Robert Stevenson  
Address: 1933 24th Street Cir West  
Palmetto, FL 34221

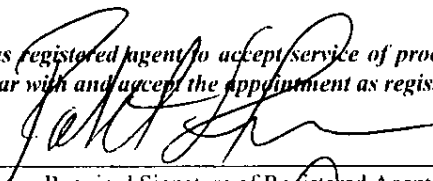
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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.

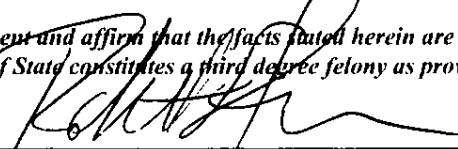
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

11/4/2016

\_\_\_\_\_  
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

11/4/2016

\_\_\_\_\_  
Date

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

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Palmetto, Florida 34221

Mailing address, if different is:

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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Address \_\_\_\_\_ Address: \_\_\_\_\_

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Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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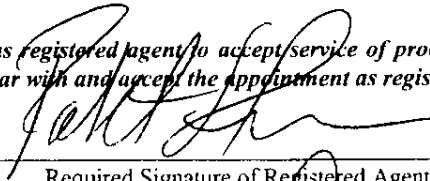
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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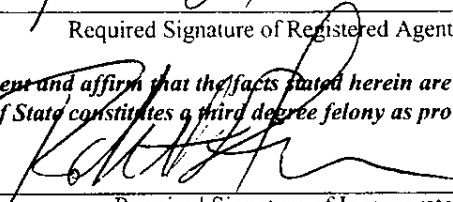


Required Signature of Registered Agent

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11/4/2016

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