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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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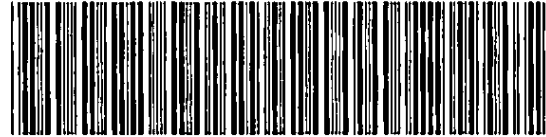
(Business Entity Name)

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FBI DIVISION, FLORIDA

κ 08/03/17

COVER LETTER

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

SUBJECT: Medical Ethics Safety Sustainability, 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: Sarah Diekman, M.D.

Name (Printed or typed)

2451 NW 50th Avenue

Address

Ocala, FL 34482

City, State & Zip

219-928-3500

Daytime Telephone number

balancediekman@gmail.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 Medical Ethics Safety Sustainability, Inc.

ARTICLE II
PRINCIPAL OFFICE

The principal Office shall be 2451 NW 50th Ave., Ocala, Florida 34482

ARTICLE III
PURPOSE

The purpose or purposes for which the Corporation is organized is to operate exclusively for charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue code of 1986, am may be amended from time-to-time;

To develop and implement programs to promote, educate and improve the health and well-being of citizens of all ages, to include wellness programs and preventive medicine;

To participate and engage in research and evaluation in the areas of healthcare safety and the quality of healthcare in both inpatient and outpatient settings;

To design innovative approaches to improving patient advocacy;

To foster a better understanding of health, both physical and behavioral, and of factors relating to its absence or presence within the general population.

ARTICLE IV
MANNER OF ACTING

The directors shall be elected by the Corporation at the Corporation's annual meeting. Each director shall hold office for a term of one (1) year until the next annual meeting and until his or her successor shall have been duly elected and qualified or until his or her earlier death, resignation or removal. Any vacancy occurring in the Board of Directors to be filled will be filled for the unexpired portion of the term by the Board of Directors.

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NOTARIAL PUBLIC
STATE OF FLORIDA

ARTICLE V
INITIAL OFFICERS AND/OR DIRECTORS

The initial officers and directors of the Corporation shall be:

Sarah Diekman, M.D., President
2451 NW 50th Ave.
Ocala, FL 34482

Amanda P. Chassuel-Mahon, Secretary
3757 Castle Rock Dr.
Zionsville, IN 46077

Julie Lau, M.D., Treasurer
20955 West Hamilton Street
Buckeye, AZ 85396

ARTICLE VI
REGISTERED AGENT

The Registered Agent of the Corporation shall be:

Sarah Diekman, M.D.
2451 NW 50th Ave.
Ocala, FL 34482

ARTICLE VII
INCORPORATOR

The Incorporator of the Corporation is:

Sarah Diekman, M.D.
2451 NW 50th Ave.
Ocala, FL 34482

ARTICLE VIII
DISSOLUTION

Upon the dissolution or liquidation of the Corporation, the Board of Directors shall pay or make provision for the payment of all of the liabilities of the Corporation and transfer or convey all the

property and assets of any nature of the Corporation to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes which at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code, and as the Board of Directors of the Corporation shall determine in accordance with the Florida General Not-For-Profit Corporation Act, as amended from time-to-time, or any other applicable law. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the Corporation has been located, to such organization or organizations as such court shall determine, which are organized and operated for such purposes.


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

7/29/2017
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

7/29/2017
Date

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DEPARTMENT OF STATE
FLORIDA