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2018 JUN 29 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 03 2018

K. Brumbley

COVER LETTER

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

SUBJECT: Nurse Practitioners of Lee County 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: Jeanne Abdou

Name (Printed or typed)

3617 SE 2nd Place

Address

Cape Coral, FL 33904

City, State & Zip

(23)941-02500

Daytime Telephone number

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: Nurse Practitioners of Lee County Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3617 SE 2nd Place

Cape Coral, FL 33904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Encourage networking between members throughout southwest Florida

Provide educational and professional development for nurse practitioners

Serve as a resource for nurse practitioners, their patients and other healthcare consumers

Promote excellence in practice, education, policy, and research

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TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeanne Abdou, President

Address: 3617 SE 2nd Place

Cape Coral, FL 33904

Name and Title: Arlene Wright, Vice President

Address: 11824 Newcombe Trace

Fort Myers, FL 33913

Name and Title: Tanya Miller, Treasurer

Address: 16091 Tierra Plaza

Fort Myers, FL 33908

Name and Title: Susan Sander, Secretary

Address: 13210 Seaside Harbour Drive

Fort Myers, FL 33903

Name and Title: Jennifer Cittadino, Director

Address: 3504 SW 17th Ave

Cape Coral, FL 33914

Name and Title: _____

Address: _____

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: Jeanne Abdou
Address: 3617 SE 2nd Pl
Cape Coral, FL 33904

ARTICLE VII INCORPORATOR

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

Name: Jeanne Abdou
Address: 3617 SE 2nd Pl
Cape Coral, FL 33904

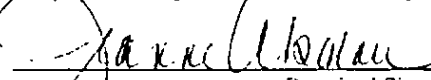
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/23/2018 (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

6/11/18
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

6/11/18
Date