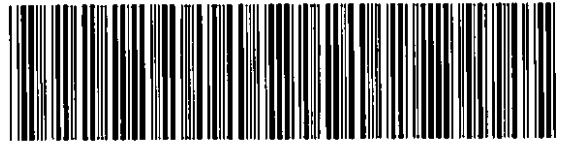


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01/24/20--01003--010 **128.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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TALLAHASSEE, FL 32309
SECRETARY OF STATE
TALLAHASSEE, FL 32309

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27 11
2020/01/24

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NATIONAL P.O.L.I.C.E. SUICIDE

FOUNDATION, INC.

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: SETH

01/24/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: NATIONAL P.O.L.I.C.E. SUICIDE FOUNDATION, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

Robert E. Douglas, Jr.

Name (printed or typed)

2320 Prestwick Place

Address

Winter Haven, Florida 33881

City, State & Zip

(863) 875-2298

Daytime Telephone Number

redoug2320@gmail.com

E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

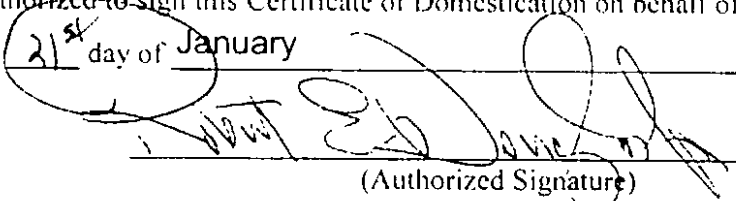
The undersigned, ROBERT E. DOUGLAS, JR. , President
(Name) (Title)
of NATIONAL P.O.L.I.C.E. SUICIDE FOUNDATION, INC. a foreign Corporation
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 2 , 1998
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Maryland
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was NATIONAL P.O.L.I.C.E. SUICIDE FOUNDATION, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is NATIONAL P.O.L.I.C.E. SUICIDE FOUNDATION, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Maryland
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am President , of NATIONAL P.O.L.I.C.E. SUICIDE FOUNDATION, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 21st day of January , 2020


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	<u>\$50.00</u>
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	<u>\$128.75</u>

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2020 JAN 24 AM 10:32

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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:

NATIONAL P.O.L.I.C.E. SUICIDE FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address shall be:

Principal Address	Mailing Address
<u>2320 Prestwick Place</u>	<u>6039 Cypress Gardens Blvd. #350</u>
<u>Winter Haven,</u>	<u>Winter Haven,</u>
<u>Florida</u>	<u>Florida</u>
<u>33881</u>	<u>33884</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

Exclusively as a charitable, educational and nonprofit as defined under 501(c)(3) of the Internal Revenue

Code of 1986, as amended (or any corresponding provisions of any future United States Internal Revenue Law or

Regulations thereunder, hereinafter collectively referred to as the Internal Revenue Code), as follows:

A) To provide relief or assistance to the distressed, provide suicide-related counseling for families and

officers (officers include Law Enforcement Officers, Correctional Officers, Paramedics, Internal Revenue

Service Employees, and Emergency Workers) and to establish support groups and provide financial support

for families of suicide victims; B) To provide educational services to the general public and to various

Federal and State Agencies, C) To provide literary services by publishing periodical newsletters; D) To undertake

other projects, programs and activities not inconsistent with Section 501(c)(3) of the Internal Revenue Code and applic-

able State law, including making of distributions to organizations that qualify as exempt organizations under Section

501(c)(3) of the Internal Revenue Code , as the need to do so presents itself in the opinion of the Board of Directors.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

According to the Bylaws of the corporation.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

Director- Robert E. Douglas, Jr.

Director-Georgia A. Cox

Director- Martin Koehnlein

Title/Name

Title/Name

Title/Name

Director- Patricia A. Koehnlein

Director-John Green

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mark G. Turner

255 Magnolia Avenue, SW

Winter Haven, Florida 33880

ARTICLE VII INCORPORATOR

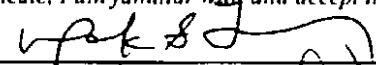
The name and address of the incorporator is:

Robert E. Douglas, Jr.

2320 Prestwick Place

Winter Haven, Florida 33881

Having been named as registered agent and 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/Registered Agent

January 21, 2020

Date



Signature/Incorporator

January 21, 2020

Date