

3/25/22, 4:53 PM

Division of Corporations

**N 22000114793014**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA080808023  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
WOMEN IN HEALTHCARE- FLORIDA CHAPTER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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S. CHATHAM

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Corporate Filing Menu

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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: Women in Healthcare - Florida Chapter, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:12271 Towne Lake Drive, Fort Myers, FL 33913

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of Women in Healthcare is to promote the professional development of women in the healthcare industry through networking, education, and mentorship. Through this community we empower one another, support growth and mentorship, provide education and support business through sharing successful techniques, leads, contacts, products and services.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
by its (voting) members

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Heather Hetherington, PresidentAddress: Kimley-Horn1920 Wekiva Way, Suite 200,West Palm Beach, FL 33411Name and Title: Vanessa Tyler, TreasurerAddress: Studio+12271 Towne Lake DriveFort Myers, FL 33913Name and Title: Vanessa Moreno, SecretaryAddress: Kimley-Horn1920 Wekiva Way, Suite 200,West Palm Beach, FL 33411

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 MAR 28 AM 6:44

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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: C T Corporation System

Address: 1200 South Pine Island Road Plantation,

Florida 33324

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Vanessa Tyler

Address: 12271 Towne Lake Drive

Fort Myers, FL 33913

**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*By: C T Corporation System Denise Bell  
Required Signature of Registered Agent

2/1/2022

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.*Vanessa Tyler  
Required Signature of Incorporator

02.02.2022

Date

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TALLAHASSEE, FL 32309