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COVER LETTER

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

SUBJECT: Friends of Florida State Hospital, Inc. aka Friends of FSH 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: Jean Ramos c/o FSH Attn. Mary Baker (MSU)

Name (Printed or typed)

PO Box 1000

Address

Chattahoochee, FL 32424

City, State & Zip

850-793-6526

Daytime Telephone number

Friendsfsh@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: Friends of Florida State Hospital

ARTICLE II PRINCIPAL OFFICE

Principal street address:
100 N Main St

Chattahoochee FL 32424

Mailing address, if different is:

PO Box 1000

Chattahoochee FL 32424

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote education about the hospital, maintain cohesive work environment thereby enriching the lives of both our patients and staff.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Initial Appointment th

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jean Ramos, President</u>	Name and Title:	<u>Robert Presnell, Vice President</u>
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Address	<u></u>	Address:	<u></u>
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Name and Title:	<u>Ira Daniels, Secretary</u>	Name and Title:	<u>Teresa Brown, Treasurer</u>
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Address	<u></u>	Address:	<u></u>
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Name and Title:	<u>Keika Graham, Parliamentarian</u>	Name and Title:	<u>n/a</u>
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Address	<u></u>	Address:	<u></u>
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Name and Title: <u>n/a</u>	Name and Title: <u>n/a</u>
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: <u>n/a</u>	Name and Title: <u>n/a</u>
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Jean Ramos

Address: 100 N Main St c/o Mary Baker MSU

Chattahoochee, FL 32424

ARTICLE VII INCORPORATOR

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

Name: Jean Ramos

Address: 100 N Main St c/o Mary Baker MSU

Chattahoochee, FL 32424

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

07/14/2023
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

Date