## N3300000 9770

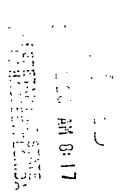
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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07/26/23--01023--008 \*\*78.75



## **COVER LÉTTER**

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

| Friends of Florida State Hospital, Inc. aka Friends of FSH Inc |  |   |  |  |  |
|--|--|---|--|--|--|
| SUBJECT:   | (PROPOSED CORPO                              | RATE NAME – <u>MUST IN</u>                          | CLUDE SUFFIX)  |  |  |
| Enclosed is an original a                                      | and one (1) copy of the Artic                | les of Incorporation and                            | a check for:   |  |  |
| □ \$70.00<br>Filing Fee  | ■ \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee. Certified Copy & Certificate PY REQUIRED |  |  |
| FROM:  | -  |   |  |  |  |
|  | PO Box 1000                                  | Address   | -  |  |  |
|  | -  |   |  |  |  |
|  |  |   |  |  |  |

Friendsfsh@gmail.com

NOTE: Please provide the original and one copy of the articles.

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

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE II PRINCIPAL OFFICE   |  |
|---|--|
| Principal <u>street</u> address:<br>100 N Main St   | Mailing address, if different is: PO Box 1000  |
| Chattahoochee FL 32424  | Chattahoochee FL 32424   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is thereby enriching the lives of both our patients and statements. | To promote education about the hospital, maintain cohesive work environments                         |
|   |  |
|   |  |
|   |  |
| ARTICLE IV MANNER OF ELECTION The m   | nanner in which the directors are elected and appointed: Inital Appointment the                      |
| ARTICLE V INITIAL OFFICERS AND/OR DIR   |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIR   | RECTORS  Name and Title: Robert Presnell, Vice President   |
| ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title: Jean Ramos, President  | Name and Title: Robert Presnell, Vice President  Address:  |
| ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  Address   | Name and Title:  Robert Presnell, Vice President  Address:  Name and Title:  Teresa Brown, Treasurer |
| Name and Title:  Ira Daniels, Secretary  Address  | Name and Title:  Robert Presnell, Vice President  Address:  Name and Title:  Teresa Brown, Treasurer |

| Name and Title:                        | <u>//a                                   </u>  | Name and Title:                          | 1/a<br>  |
|--|--|--|--|
| Address _                              |  | Address: _                               |  |
|  |  | -  |  |
| Name and Title:                        | /a   | Name and Title:                          | 1/2  |
| Address                                |  | Address: _                               |  |
|  |  | -  |  |
| _                                      |  |  |  |
|  |  |  |  |
|  | <u>REGISTERED AGENT</u><br>orida street a <u>ddress</u> (P.O. Box NOT accep          | otable) of the regist                    | ered agent is.   |
| Name:                                  | Jean Ramos   |  | ·  |
| Address:                               | 100 N Main St c/o Mary Baker MSU   |  |  |
|  | Chattahoochee, Fl. 32424   |  |  |
|  | INCORPORATOR Idress of the Incorporator is:  Jean Ramos                              |  |  |
| Name:                                  | 100 N Main St c/o Mary Baker MSU   |  |  |
| Address:                               | Chattahoochee, FL 32424  | . <u> </u>                               |  |
| ADTICLE VIII                           | EFFECTIVE DATE:  |  |  |
| Effective date, if                     | other than the date of filing:   | nd cannot be mor                         | (OPTIONAL)<br>e than five days prior or 90 days after the filing.)         |
| Note: If the date                      |  | oplicable statutory                      | filing requirements, this date will not be listed as the                   |
| Having been nan<br>certificate, I am J | ned as registered agent to accept service familiar with and accept the appointment a | of process for the<br>s registered agent |  |
| <u> </u>                               | Required Signature of Registered   | Agent                                    | 07/14/2023<br>Date   |
| I submit this doci                     |  | in are true. I am av                     | ware that any false information submitted in a document to<br>17.155, F.S. |
|  | Required Signature of Incor  | porator                                  | Date   |