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(City/State/Zip/Phone #)

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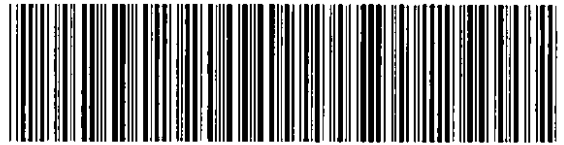
(Business Entity Name)

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OF FLORIDA
CLERK OF COURT

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COVER LETTER

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

SUBJECT: Wound Care Collaborative Community, Inc.

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

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From:

Chad D. Cummings, Florida Attorney for Wound Care Collaborative Community, Inc.

Name (printed or typed)

5150 Tamiami Trail North, Suite 201

Address

Naples, FL 34103-2818

City, State & Zip

(239) 682-9925

Daytime Telephone Number

dana.rigdon@velliangroup.com

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

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2023 SEP 25 PM 12:42
STATE
TALLAHASSEE, FL

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Dana Rigdon, Authorized Representative
(Name) (Title)
of Wound Care Collaborative Community, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Wound Care Collaborative Community, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Louisiana, June 12, 2012
3. The name of the domesticated corporation is Wound Care Collaborative Community, Inc.

4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Dana Rigdon

(Authorized Signature)

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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: Wound Care Collaborative Community, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
255 S Orange Avenue Suite 104 #1377
Orlando, FL 32801

Mailing address, if different is:
255 S Orange Avenue Suite 104 #1377
Orlando, FL 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assure that patients and health care professionals have access to safe,
effective, and high-quality medical devices and drugs to treat chronic wounds. The Wound Care Collaborative Community (WCCC)
will work in the pre-competitive space (defined as collaboration where two or more potential competing companies work
together toward a common goal) to identify methods, tools, approaches, and appropriate clinical evidence that will enhance
understanding and improve evaluation of product safety, quality, and effectiveness. The WCCC initiatives aim to improve product
safety and patient access to cutting-edge medical technology while reducing cost and time to market.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: is as provided
in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vickie Driver, Director
 Address: 255 S Orange Avenue Suite 104 #1377
Orlando, FL 32801

Name and Title: _____
 Address: _____

Name and Title: Lisa Gould, Director
 Address: 255 S Orange Avenue Suite 104 #1377
Orlando, FL 32801

Name and Title: _____
 Address: _____

Name and Title: Peggy Dotson, Director
 Address: 255 S Orange Avenue Suite 104 #1377
Orlando, FL 32801

Name and Title: _____
 Address: _____

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 JEFFERSON COUNTY, FL

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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: Dana Rigdon
Address: 255 S Orange Avenue Suite 104 #1377
Orlando, FL 32801

ARTICLE VII INCORPORATOR

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

Name: Dana Rigdon
Address: 255 S Orange Avenue Suite 104 #1377
Orlando, FL 32801

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

Dana Rigdon
78628642C266428
Required Signature of Registered Agent

9/19/2023
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.

Dana Rigdon
78628642C266428
Required Signature of Incorporator

9/19/2023
Date

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