## N96000000517

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

SUBJECT: Northern Florida Guandingship, Twe.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **\$131.25** \$70.00 \$122.50 \$78.75 Filing Fee, Filing Fee Filing Fce Filing Fee & Certificate & Certified Copy Certified Copy & Certificate 000001699130 -01/26/96--01055--006 \*\*\*\*131.25 \*\*\*\*131.25 FROM: W. SETH O'CONNELL Name (Printed or typed) 2200 N. PONCE de Rean Blup ST Flugustine Florida 32084
City, State & Zip 904-632-0022 Daylime Telephone number

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

#### ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

#### ARTICLE 1

Name

The name of the corporation shall be:

NORTHEAST FLORIDA GUARDIANSHIP, INC.

#### ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

W.S. O'CONNELL 2200 NORTH PONCE DE LEON BOULEVARD, SUITE 7 ST. AUGUSTINE, FLORIDA 32086

#### ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To provide guardianship services to mental health patients currently residing at the State Mental Health Hospital. \*\*\*\*copy from 1023 materials. \*\*\*\*

The purpose for which the corporation is organized are exclusively charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law, and any interpretation to the contrary is hereby declared null and void.

#### ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The method of election for the directors of the corporation is stated in the Bylaws of the Corporation.

#### ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

Notwithstanding any other provision of these articles, this organization shall not carry on any activities no permitted to be carried on by an organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

#### ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

W. H. O'CONNELL 2200 NORTH PONCE DE LEON BLVD SUITE 7 ST. AUGUSTINE, FLORIDA 32086

#### ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

W. S. O'CONNELL 113rd STREET APT A. ST. AUGUSTINE, FLORIDA 32084

W. H. O'CONNELL 988 CATALINA ROAD ST. AUGUSTINE, FLORIDA 32086

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c)(3) of Internal Revenue Code of 1986, or corresponding section of any future Federal tax code, or shall be distributed to the Federal, State or local government for a public purpose. Any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the organization is then located, exclusively for such purposes.

The undersigned incorporator has executed these Articles of Incorporation this <u>22nd</u> day of <u>January</u>, 19<u>96</u>.

Signature of Incorporator

W. Seth O'Connell

Typed name of incorporator signing

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1. The name of the corporation is:	28
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2. The name and address of the registered agent and office is:

W. H. O'CONNEll (NAME)	e
(NAME)	
1200 N. PONCE de LEON BIUD (P.O. Box or Mail Drop Box NOT ACCEPTA	#7
(P.O. Box or Mail Drop Box NOT ACCEPTA	BLE)
ST. Pargustone Florida 32084 (CITY/STATE/ZIP)	
/ (CITY/STATE/ZIP)	

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

M. Health Mallelf 1/22/91.
(SIGNATURE) (DATE)

# OKIDA GUARDIANSHIP, INC.

ST AUGUSTINE, FLORIDA 32085 (904) 829-0082

State of Florida Division of Corporations

This letter is to inform the department of state that Northeast Florida Guardianship, Inc. Document number N96000000517 has change it's mailing address to the address located at the

I am requesting that this new address be used to mail all correspondence in the future. Thank You for your cooperation in this matter.

MAShuell

W.H. O'Connell

Executive Director

Northeast Florida Guardianship, Inc.

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