

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

04/14/05 11:03 AM
*****20,000 *****20,000

SUBJECT: Florida Association of Disability Examiners, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Teresa Hallas
Name (Printed or typed)

6439 Count Turf Tr.
Address

Tallahassee, FL 32308
City, State & Zip

904-487-2402
Daytime Telephone number

FILED
APR 23 PM 1:03
TALLAHASSEE, FLORIDA

4/23/06
TH

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 I

Name

The name of the corporation shall be:

Florida Association of Disability Examiners, Inc.

ARTICLE II

Principal place of business and mailing address

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

Florida Association of Disability Examiners, Inc.
812 Vencilo Avenue
Tallahassee, FL 32303

ARTICLE III

Purpose(s)

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

To bring together in a professional and fraternal manner those individuals engaged in the documentation and evaluation of medical and/or vocational information submitted in an application for disability benefits.

ARTICLE IV

Manner of election of directors

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

The Directors of the Florida Association of Disability Examiners, Inc. shall be the elected officers which comprise the Executive Board as specified in Article VII, Section 1 of the Constitution and Articles V and VI of the Bylaws.

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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:

The Florida Association of Disability Examiners, Inc. is subordinate to and subject to the authority of the National Association of Disability Examiners, Inc.

ARTICLE VI

Initial registered agent and street address

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

Karan J. Guntor
812 Voncilo Avenue
Tallahassee, Fl 32303

ARTICLE VII

Incorporators

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

David Pantalone, President
4842 Ashley Manor Way, W.
Jacksonville, Fl 32225

Janet McMahan, Secretary
2833 Pirates Point Road
Yulee, Fl 32097

Rhonda Wilson, Vice-President
720 Red Fern Road
Tallahassee, Fl 32308

Teresa Hallas, Treasurer
6439 Count Turf Trail
Tallahassee, Fl 32308

The undersigned incorporator has executed these Articles of Incorporation this 12th day of April

_____, 19 96 .

Signature of Incorporator:

Teresa Hallas

Teresa Hallas
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.

1. The name of the corporation is:

Florida Association of Disability Examiners, Inc.
(must include suffix)

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

Karen Gunter
(NAME)

812 Vancile Avenue
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32303
(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.

Karen J. Gunter
(SIGNATURE)

4-16-76
(DATE)