

# N97000006080

## TRANSMITTAL LETTER

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

800002331018--0  
-10/28/97--01005--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT:** Vascular Nursing Certification Board, Inc. (VNCB)  
(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:** Belinda E. Puetz, PhD, RN  
Name (Printed or typed)

7794 Grow Drive  
Address

Pensacola, FL 32514  
City, State & Zip

850-484-9987  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT 28 AM 9:59

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

RP  
10-29-97

## 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:

Vascular Nursing Certification Board, Inc. (VNCB)

### ARTICLE II

#### Principal place of business and mailing address

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

7794 Grow Drive  
Pensacola, FL 32514

### ARTICLE III

#### Purpose(s)

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

Administer the certification program of the Society for  
Vascular Nursing (SVN)

### ARTICLE IV

#### Manner of election of directors

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

Appointed by the SVN Board of Trustees; President and  
Secretary/Treasurer elected by the VNCB Board.

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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:

**ARTICLE VI**

**Initial registered agent and street address**

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

Belinda E. Puetz, PhD, RN  
Executive Director  
VNCB  
7794 Grow Drive  
Pensacola, FL 32514

**ARTICLE VII**

**Incorporators**

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

Belinda E. Puetz, PhD, RN  
Executive Director  
VNCB  
7794 Grow Drive  
Pensacola, FL 32514

The undersigned incorporator has executed these Articles of Incorporation this 14<sup>th</sup> day of October, 19 97.

Signature of Incorporator:

Belinda E. Puetz

Belinda E. Puetz, PhD, RN  
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:

Vascular Nursing Certification Board, Inc. (VNCB)

\_\_\_\_\_  
(must include suffix)

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

Belinda E. Puetz, PhD, RN  
Executive Director

\_\_\_\_\_  
(NAME)

7794 Grow Drive

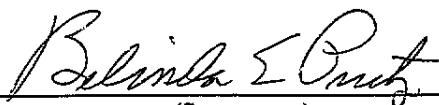
\_\_\_\_\_  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pensacola, FL 32514

\_\_\_\_\_  
(CITY/STATE/ZIP)

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*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.*



\_\_\_\_\_  
(SIGNATURE)

10-14-97

\_\_\_\_\_  
(DATE)