

N 98000003437

TRANSMITTAL LETTER

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

SUBJECT: AMERICAN COLLEGE OF CARDIOVASCULAR NURSING, INC.
(Proposed corporate name - must include suffix)

500002556795--4
-06/11/98--01069--002
*****78.75 *****78.75

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

ADDITIONAL COPY REQUIRED

FROM: JONNI COOPER, RN, FACCN
Name (Printed or typed)

1010 5TH AVENUE S., SUITE #302
Address

NAPLES, FLORIDA 34102
City, State & Zip

(941) 263-9161
Daytime Telephone number

FILED
98 JUN 11 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FN 6-15-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN COLLEGE OF CARDIOVASCULAR NURSING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1010 5TH AVENUE SOUTH, SUITE #302
NAPLES, FLORIDA 34102

ARTICLE III PURPOSE(S)

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

THE MISSION OF THE ACCN IS TO PROVIDE EXCELLENT EDUCATIONAL GUIDELINES TO EDUCATORS AND INDIVIDUAL NURSES, TO PROMOTE NURSING RESEARCH IN CARDIOLOGY, AND TO FOCUS ON PUBLIC EDUCATION AND AWARENESS PROGRAMS. IN ADDITION, WE WILL PROVIDE EDUCATIONAL RESOURCES, ECG EXAM SERVICES AND BOARDS FOR NURSES.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

BOARD OFFICERS ARE ELECTED BY THE MEMBERSHIP AND APPOINTED FOR ONE TO TWO YEAR TERMS,

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JONNI COOPER, RN, FACCN
1010 5TH AVENUE S., SUITE #302
NAPLES, FLORIDA 34102

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

JONNI COOPER, RN, FACCN
1010 5TH AVENUE SOUTH, SUITE #302
NAPLES, FLORIDA 34102

Jonni Cooper
Signature/Incorporator

✓ 6/5/98
Date

(An additional article must be added if an effective date is requested.)

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.

Jonni Cooper
Signature/Registered Agent

6/5/98
Date