

# TRANSMITTAL LETTER

# N990000000312

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

SUBJECT: COALITION OF FLORIDA ADVOCATES FOR MENTALLY ILL  
(Proposed corporate name - must include suffix)  
INDIVIDUALS, Inc.

200002733732--6  
-01/07/99--01090--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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: Joyce H. Friedman  
Name (Printed or typed)  
7096 Pine Bluff Drive  
Address  
Lake Worth, Florida 33467  
City, State & Zip  
(561) 439-0539  
Daytime Telephone number

FILED  
99 JAN 14 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

99000000653



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 11, 1999

JOYCE H. FRIEDMAN  
7096 PINE BLUFF DRIVE  
LAKE WORTH, FL 33467

SUBJECT: COALITION OF FLORIDA ADVOCATES FOR MENTALLY ILL  
INDIVIDUALS, INC.  
Ref. Number: W99000000653

We have received your document for COALITION OF FLORIDA ADVOCATES  
FOR MENTALLY ILL INDIVIDUALS, INC. and your check(s) totaling \$70.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of  
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 487-6925.

Barbara Brock  
Document Specialist

Letter Number: 999A00001124

# 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:

COALITION OF FLORIDA ADVOCATES FOR MENTALLY ILL  
INDIVIDUALS, INC.

## ARTICLE II

Principal place of business and mailing address

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

7096 Pine Bluff Drive  
Lake Worth, Florida 33467

## ARTICLE III Purpose(s)

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

A. Purpose: A group of citizens dedicated to research, study and evaluation of issues relevant to individuals with serious mental illness and their families. To share such information with these individuals and families, to teach them how to use such information to develop positions and to advocate for systemic changes to enhance their lives. (Continued on back of page)

## ARTICLE IV

Manner of election of directors

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

The incorporator shall appoint directors who shall elect a Board of Directors numbering at least one (1) and not more than seven (7).

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TALLAHASSEE, FLORIDA

Filing Fee: \$70.00

## ARTICLE V

### Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

## ARTICLE VI

### Initial registered agent and street address

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

Joyce H. Friedman  
7096 Pine Bluff Drive  
Lake Worth, Florida 33467

## ARTICLE VII

### Incorporators

See instructions for officers/directors

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

Joyce H. Friedman  
7096 Pine Bluff Drive  
Lake Worth, Florida 33467

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30<sup>th</sup> day of December, 1998.

Signature(s) of Incorporator(s):

Joyce H. Friedman

Joyce H. Friedman

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 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: COALITION OF FLORIDA ADVOCATES  
(must include suffix)  
FOR MENTALLY ILL INDIVIDUALS , INC.

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

JOYCE H. FRIEDMAN

(Name)

7096 Pine Bluff Drive

(Street address - P. O. Box or Mail Drop Box NOT acceptable)

Lake Worth, Florida 33467

(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.*

Joyce H. Friedman  
(Signature)

Dec. 30, 1998  
(Date)