

N99000000808

TRANSMITTAL LETTER

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

500002767775--1
-02/08/99-01108--003
*****78.75 *****78.75

SUBJECT: Association of Community Health Nursing Educators
(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 32514-7072

City, State & Zip

850-474-8821

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 FEB -8 PM 2:04

FILED

Belinda GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art I + IV
DATE 2/9/99
DOC. EXAM mc

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

mc 2/9/99

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:

Association of Community Health Nursing Educators Inc.

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 32514-7072

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III

Purpose(s)

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

to promote the public's health by ensuring leadership and excellence in community and public health nursing education through excellence in research and practice.

ARTICLE IV

Manner of election of directors

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

Directors are elected by mail ballot annually by the membership

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
7794 Grow Drive
Pensacola, FL 32514-7072

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
7794 Grow Drive
Pensacola, FL 32514-7072

The undersigned incorporator has executed these Articles of Incorporation this 2nd day of _____
February, 1999.

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:

Association of Community Health Nursing Educators Inc.
(must include suffix)

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

Belinda E. Puetz, PhD, RN
(NAME)


7794 Grow Drive

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

Pensacola, FL 32514-7072
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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)

February 2, 1999
(DATE)