

N 99000003350

TRANSMITTAL LETTER

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

000002886720--8  
-05/26/99--01023--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** SOME ONE CARES, 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 of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** SOME ONE CARES, INC.

Name (Printed or typed)

P. Mark Halman

303 SE 17th Street, #309

Address

Ocala, FL 34471

City, State & Zip

(352) 690-7526

Daytime Telephone number

**FILED**  
99 MAY 26 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Handwritten:*  
C.B.  
4-1-99  
West L.A. Inc.  
P.R.

# **ARTICLES OF INCORPORATION**

**OF**

**SOME ONE CARES, INC.**

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TALLAHASSEE, FLORIDA

## **ARTICLE I: NAME**

The name of the corporation shall be SOME ONE CARES, INC.

## **ARTICLE II: PRINCIPAL OFFICE**

The address of the initial registered office of this corporation is 303 SE 17<sup>th</sup> Street, Suite 309, Ocala, Florida 34471, and the name of its initial registered agent at said address is P. Mark Halman.

## **ARTICLE III: PURPOSES**

This corporation is formed to operate as a CHARITABLE, BENEVOLENT, ELEEMOSYNARY, EDUCATIONAL, and RELIGIOUS, organization.

All operation are to be such as will qualify this corporation as an exempt organization under Section 501 (c )(3) of the Internal Revenue Code.

## **ARTICLE IV: CORPORATE POWERS**

The corporate powers of this corporation are directed by the By-Laws for Not for Profit Corporation and in all operations to qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue Code.

## **ARTICLE V: MEMBERSHIP QUALIFICATIONS**

The qualifications for membership and the manner of their admission shall be as set forth in the bylaws of the Corporation.

## **ARTICLE VI: BOARD OF DIRECTORS**

The number of directors constituting the initial Board of Directors of this corporation is three (3), and the names and addresses of the persons who are to serve as the initial directors are:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Charles H. Fleming	2305 SW 6 <sup>th</sup> Avenue Ocala, Florida 34474
P. Mark Halman	303 SE 17 <sup>th</sup> Street, #309 Ocala, Florida 34471
Huey P. McFarland	2027 Cipriona Place Lady Lake, Florida 32159

Additional and successive Board of Directors will be selected by the procedure set forth in the by-laws.

## **ARTICLE VII: AMENDMENTS**

This corporation reserves the right to amend or repeal any provisions contained in these articles of Incorporation, or any amendment to them, and any right conferred upon the members is subject to this reservation.

## **ARTICLE X: DISSOLUTION**

Upon dissolution of SOME ONE CARES, INC., and the winding up of its affairs, the assets of this corporation shall be distributed exclusively for charitable or religious purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code of 1954, as amended, or any superseding section.

## **ARTICLE XI: INCORPORATORS**

The names and addresses of the persons forming this corporation are:

Charles H Fleming

2305 SW 6<sup>th</sup> Avenue  
Ocala, Florida 34474

P. Mark Halman

303 SE 17<sup>th</sup> Stree, #309  
Ocala, Florida 34471

Huey P. McFarland


2027 Cipriano Place  
Lady Lake, Florida 32159

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99 MAY 26 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated this 25 day of MAY, 1999

  
CHARLES H. FLEMING

Drivers license # F455 148-35-457-0

  
P. Mark Halman Incorporator / Registered Agent

Drivers License # H456 693-34-163-0

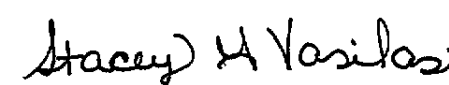
  
HUEY P. MCFARLAND

Drivers License # M216 335 29 099-0

STATE OF FLORIDA  
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared Charles H. Fleming, P. Mark Halman, Huey P. McFarland, to me producing Drivers License Identification as noted above to verify identification of the persons described and who subscribed the above Articles of Incorporation, and they did freely and voluntarily acknowledge before me according to law that they made and subscribed the same for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and my; official seal at Ocala, Marion County, Florida this 25 day of MAY, 1999.





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 statues relating to the proper and complete performance of my duties, and I am familiar with the accept the obligations of my position as registered agent.

May 25, 1999