NO5000004963

| equestor's Name) | |
|--------------------|--|
| ddress) | |
| idress) | · |
| ty/State/Zip/Phon | e#) |
| ☐ WAIT | MAIL |
| usiness Entity Nar | me) |
| ocument Number) |) |
| _ Certificate: | s of Status |
| Filing Officer: | |
| | |
| | |
| | |
| | Idress) Idress) ty/State/Zip/Phon WAIT Isiness Entity National Document Number) |

Office Use Only



700050873367

//4/27/05--01034--013 **78.75

05 MAY 12 PM 3: 43

5/12/05 WOS-21962

TRANSMITTAL LETTER

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

| SUBJECT: | 2nd Chance Counseling. | | |
|-------------------------|--|--------------------------------------|--|
| | (PROPOSED CORPORAT | E NAME – <u>MUST INCLU</u> | <u>ĐE SUFFIX</u>) |
| Enclosed is an original | al and one(1) copy of the Artic | les of Incorporation and a | 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 CO | PY REQUIRED |
| | Devende Edmonicon | | |
| FROM | | nted or typed) | |

9951 Atlantic Suite 126

Jacksonville FL 32225

904-724-9960

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

Daytime Telephone number

Address

City, State & Zip





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 2, 2005

DERENDA EDMONDSON 9951 ATLANTIC SUITE 126 JACKSONVILLE, FL 32225

SUBJECT: 2ND CHANCE COUNSELING

Ref. Number: W05000021962

We have received your document for 2ND CHANCE COUNSELING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6840.

Bruce W Kitchens Document Specialist New Filings Section

Letter Number: 205A00030907

Articles of Incorporation Of

2nd Chance Counseling Inc

O5 MAY 12 PM 3:44
SECNE MARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I: The name of this Corporation shall be 2nd Chance Counseling INC.

ARTICLE II: The principle place of business and mailing address of this corporation shall be: 9951 Atlantic Blvd. Suite 126 Jacksonville Florida 32225.

ARTICLE III: 2nd Chance Counseling is exclusively for the purpose of educational and information activities and to counsel individuals and their families who suffer from substance abuse.

ARTICLE IV: The manner in which the Directors are appointed will be through recruitment from the community, business and educational networks.

ARTICLE V: The number of directors constituting the initial board of directors is four (4): their names and addresses are as follows.

Dr. Patricia Harvey 223 Connemara Drive 6-D Myrtle Beach SC 29579

Dr. Eunice Freeman 403 Willow Ct. Charleston SC 29420

Dr. Mary Rodgers 4043 Baymeadows Suite B Jacksonville FL 32217 Dr. Derenda Edmondson 1369 Marsh Grass Ct. Jacksonville FL 32218

ARTICLE VI: The name and Florida Street

The incorporator(s) of this corporation is (are):

Derenda Denise Edmondson 1369 Marsh Grass Ct. Jacksonville FL 32218

ARTICLE:

Registered Agent:

I hereby am familiar with and accept the duties and

responsibilities of Registered Agent.)

Descrit Denist Edmander Print name

Derde Danie Elmercon Signature

570-05 Date