

N13888809558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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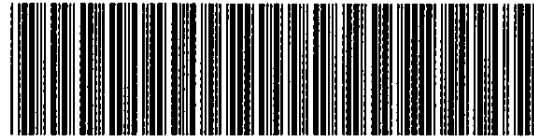
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
10/22/13

## COVER LETTER

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

SUBJECT: Masino Mental Health Services, 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: Benjamin A. Bell

Name (Printed or typed)

1010 North 12th Avenue

Address

Pensacola, Florida 32501

City, State & Zip

850.429.1581

Daytime Telephone number

ben@benjaminbellcpa.com

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Masino Mental Health Services, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1008 Airport Road, Suite D  
Destin, Fl. 32541

Mailing address, if different is: \_\_\_\_\_

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to provide mental health services for the  
poor and indigent persons of Santa Rosa, Okaloosa and Walton counties of  
Florida.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
By common vote of the owner(s)

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ted Masino, Officer Name and Title: \_\_\_\_\_

Address Post Office Box 1082 Address: \_\_\_\_\_  
Niceville, Fl. 32588

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Benjamin A. Bell, CPA

Address: 1010 N 12th Ave Suite 222  
Pensacola, Florida 32501

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Benjamin A. Bell, CPA

Address: 1010 N 12th Ave Suite 222  
Pensacola, Florida 32501

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Benjamin A. Bell, CPA

Required Signature of Registered Agent

10-16-13

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Benjamin A. Bell, CPA

Required Signature of Incorporator

10-16-13

Date