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(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MP
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.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

1008 Airport Road, Suite D

Destin, Fl. 32541

Mailing address, if different:

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

Address: Post Office Box 1082
Niceville, Fl. 32588

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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 — 10-16-13

Required Signature of Registered Agent — 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 — 10-16-13

Required Signature of Incorporator — Date