P0400001670

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)	_		
, , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
· 			
	_		
Special Instructions to Filing Officer:	-		
	1		
	ł		
	ı		

Office Use Only



000027328990

01/22/04--01037--014 **87.50

SECRETARY OF STATE DIVISION OF COPPORATION

1 Shaper

TRANSMITTAL LETTER

tions to Behavioral Management Inc.

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

Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:		
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	**\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Lena Thoresen Name (Printed or typed)				
11440 30th Cove East Address				
Parrish, FL 34219 City, State & Zip				

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

Daytime Telephone number

or 941 776 3120

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	1 14 + 1.4 0.4.
Creative Solutions to Behavio	iral Management Incorporat
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	A + Try occopated
The principal place of business/mailing address is: Creative Solutions to Behavioral P.O. Box 425	management the top
P.O. Box 425 Ellenton, FL 34222 - 0425	
ARTICLE III PURPOSE	
	0 - 1 1 - 00 - 10
Creative Solutions to Behavioral Management	t Inc. is designed to equip
health care providers in effectively and	competenty manage challeging
The purpose for which the corporation is organized is: Creative Solutions to Behavioral Management health care providers in effectively and ARTICLE IV SHARES Behaviors.	, ,
The number of shares of stock is:	· –
100 shares divided three ways	,)
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	
List name(s) address(as) and enseific title(s):	_
Densident : Leve Therefore atell will 30th	Cove E. Parrish, FL 84219
Vice President: Christopher Bratton 5101 u	voodlawn cir. W. Palmetlo FL 3422
Tong son i Rother White 1111/2 30th C	love E. Parrish, FL 34219
Treasurer: Kathy White 11440 30th C	ove 5. (a)(50,12 512)
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
Lena Thoresen	<u>D</u>
11440 30th Cove E.	0, VIS
Parrish. FL 34219	JA OCA
ARTICLE VII INCORPORATOR	SECRETAR VISION OF
The <u>name and address</u> of the Incorporator is:	2 7
hena Thoresea 11440 30th Cove E-	A CONTROL
11440 30th Cove E-	OF SF
Parrish, FL 34219	3. AT
******************	**********
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and a	e stated corporation at the place designated in this agree to act in this capacity
1 24 77-20	History
Neua Moresan	1/18/04
Signature/Registered Agent	Date
Signature/Registered Agent Alua Thoresea	1/10/11
	1/18/04
Signature/Incorporator	Date

ARTICLES OF INCORPORATION