P11000008316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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APPROVED AND FILED
11 JAN 21 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: S & B Health Services, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: Gina Ballard
Name (Printed or typed)

960 Moss Tree PL
Address

Longwood, FL 32750
City, State & Zip

407-808-3790
Daytime Telephone number

sgknm@earthlink.net
E-mail address: (to be used for future annual report notification)

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

APPROVED AND FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 JAN 21 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: S & B Health Services, Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address
960 Moss Tree Pl
Longwood, FL 32750

Mailing address

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Mental Health Care

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gina Ballard President
Address: 960 Moss Tree Pl
Longwood, FL 32750

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Gina Ballard
Address: 960 Moss Tree Pl
Longwood, FL 32750

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Gina Ballard
Address: 960 Moss Tree Pl
Longwood, FL 32750

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

Gina Ballard
Required Signature/Registered Agent

1-14-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Gina Ballard
Required Signature/Incorporator

1-14-11
Date