

P110000083/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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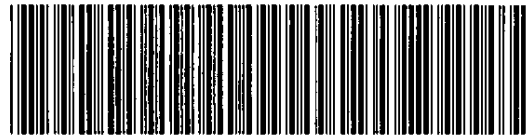
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 21 PM 12:26

APPROVED
AND
FILED

1/21

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

saknm@earthlink.net
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 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

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

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ARTICLE II PRINCIPAL OFFICE

Principal street address

960 Moss Tree PL
Longwood, FL 32750

SECRETARY OF STATE
MAILING ADDRESS, FLORIDA

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