

N110000002135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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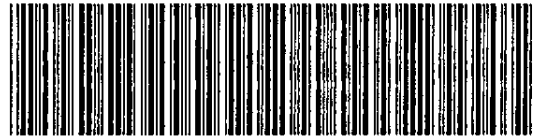
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 24 AM 8:44

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MD 3/4

COVER LETTER

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

SUBJECT: Community Solutions of Broward County, 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: David Freedman

Name (Printed or typed)

5818 SW 117 Ave.

Address

Cooper City, FL 33330

City, State & Zip

954-854-4134

Daytime Telephone number

david@cleadershipe.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: **Community Solutions of Broward, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
Community Solutions of Broward
5818 SW 117 Ave.
Cooper City, FL 33330

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to create an infrastructure that will promote economies of scale for an efficient and effective system of care for the prevention and treatment of substance abuse and mental health and other community residents' needs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors will be appointed by a majority vote of the membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marsha Currant
Address: 1633 Poinciana Drive
Pembroke Pines, FL 33025

Name and Title: _____
Address: _____

Name and Title: H. Bruce Hayden
Address: 11031 NE 6th Ave.
Miami, FL 33161

Name and Title: _____
Address: _____

Name and Title: Leslie Lynch
Address: 3800 W. Broward Boulevard
Fort Lauderdale, Florida 33312

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

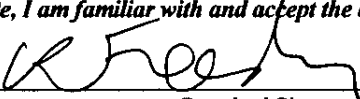
Name: David Freedman
Address: 5818 SW 117 Ave.
Cooper City, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Freedman
Address: 5818 SW 117 Ave.
Cooper City, FL 33330

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



Required Signature of Registered Agent

2/22/01
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.



Required Signature of Incorporator

2/22/11
Date

FILED
11 FEB 24 AM 8:54
CLERK OF STATE
TALLAHASSEE, FLORIDA