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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Dr. Cicetti DATE

AUTHORIZATION BY PHONE TO
CORRECT Art I

DATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 FEB 25 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 14, 2011

DR PATRICIA CICETTI
8198 JOG RD
BOYNTON BEACH, FL 33472

SUBJECT: DREAMCATCHERS FOUNDATION CORP.
Ref. Number: W11000008850

We have received your document for DREAMCATCHERS FOUNDATION CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article I.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 111A00003812

COVER LETTER

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

SUBJECT: DREAM CATCHERS FOUNDATION. Corp.
(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: Dr. Patricia Cicetti
Name (Printed or typed)

8198 Jog Rd
Address

Boynton Beach, Fl. 33472
City, State & Zip

561-502-1638
Daytime Telephone number

Pat. Cicetti @ Att.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:

DREAMCATCHERS FOUNDATION CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8198 Jog Rd. suite #201
Boynton Beach, Fl.
33472

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- ① To clinically assess autistic clients and provide comprehensive treatment including counseling to them & their families
- ② To assess people with substance abuse disorders & to provide comprehensive treatment that includes individual, group & family therapy

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed

The director were appointed to serve without pay for 4 years. If a board member has 5 absences he/she will be dismissed from the Board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Carline St. Louis Name and Title:

Address: 8198 Jog Rd. suite 102 Address:

Boynton Beach, Fl
33472

Name and Title: John Soyars PNC Manager Name and Title:

Address: 6400 Hypoluxo Address:

Lake Worth, Fl 33463

Name and Title: John E. Cassandra Name and Title:

Address: 8198 Jog Rd suite 200 Address:

Boynton Beach, Fl. 33472

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2011

ARTICLE VI REGISTERED AGENT

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

Name: Patricia Cicetti

Address: 8198 Jog Rd suite 201
Boynton Beach, Fl. 33472

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Patricia Cicetti

Address: 8198 Jog Rd suite 201
Boynton Beach, Fl. 33472

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

Patricia Cicetti
Required Signature of Registered Agent

2-1-11
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.

Patricia Cicetti
Required Signature of Incorporator

2-1-11
Date