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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Innovative Behavioral Services, Inc. (IBS)
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dorothy J. McGill PhD
(Name of Person)

Innovative Behavioral Services, Inc.
(Firm/Company)

357 Towne Center Blvd.

Suite 100

(Address)

Ridgeland, MS 39157
(City/State and Zip Code)

For further information concerning this matter, please call:

Dorothy J. McGill at (601) 952-0894
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:**

1. Innovative Behavioral Services, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Mississippi 3. 20-3762866
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-4-2000 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 357 Towne Center Blvd. # 100, Ridgeland, MS 39157
(Principal office address)
Same
(Current mailing address)
8. To deliver comprehensive services that promote healthy choices/lifestyles
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Twinata D. Paige
Office Address: 7813 Silverbrush Circle #102
Orlando, Florida 32822
(City) (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.


(Registered agent's signature)

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mr. David Creel

Address: 1 Dogwood Hill Drive

Jackson, MS, 39211

Director: Ms. LaVerna James,

Address: 1214 Ferncrest Drive

Jackson, MS 39211

B. OFFICERS

President: Ms. Pamela Ward

Address: 6227 Mossline

Jackson, MS 39211

Vice President: Mr. Shannon Greer

Address: 10809 Highway 432

Pickens, MS 39146

Secretary: Mr. Clay Ashford

Address: 7457 County Road 436 Water Valley, Ms 38965

Treasurer: Mr. DEwayne Ward

Address: 6227 Mossline Jackson, MS 39211

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Shannon Greer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Shannon Greer, Vice-President
(Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify as follows:

That on August 4, 2000, the State of Mississippi issued a non profit charter of incorporation/certificate of authority to INNOVATIVE BEHAVIORIAL SERVICES, INC. (IBS, INC.).

That the registered office of said corporation is located at 357 TOWNE CENTER BLVD STE 100, RIDGELAND, MS 39157 and the registered agent at that address is DOROTHY J MCGILL.

That the period of duration is perpetual.

That insofar as the records of this office are concerned the said INNOVATIVE BEHAVIORIAL SERVICES, INC. (IBS, INC.) is in good standing at this time.



Given under my hand
and seal of office
August 21, 2006

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State