

FILE000004220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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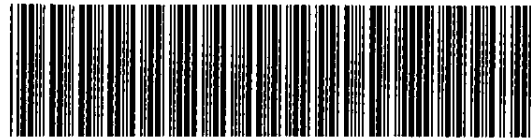
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BRANCHES RECOVERY CENTERS, INC.
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", or "Certificate of Good Standing" 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:

LABAN DOYLE
Name of Person

BRANCHES RECOVERY CENTER
Firm/Company

437 SCRUB JAY DR.
Address

SAINT AUGUSTINE, FL 32092
City/State and Zip Code

LABANDOYLE22@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LABAN DOYLE at (904) 392-1000
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

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INCLUDED IN THIS PACKET IS

- 1) FORM FOR FILING ARTICLES OF MERGER
- 2) FORM FOR REGISTERING A FOREIGN NOT FOR PROFIT

WE ARE MERGING THE ORGANIZATION NAMED
BRANCHES RECOVERY CENTERS, INC. OF
THE STATE OF FL WITH THE

BRANCHES RECOVERY CENTERS, INC. OF
THE STATE OF TN

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AND AT THE SAME TIME REGISTERING THE TN
ORGANIZATION AS A FOREIGN NOT FOR PROFIT
IN THE STATE OF FL

FOR QUESTIONS PLEASE CALL

LARSEN DOYLE

BRANCH DIRECTOR

(904) 392-1000

THANKS

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. BRANCHES RECOVERY CENTERS, 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. TN 3. 26-1119206
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/30/07 5. _____
(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. 1450 BATTLEGROUND DR. MURFREESBORO, TN 37129
(Principal office address)
437 SCRUB JAY DR. SAINT AUGUSTINE, FL 32092
(Current mailing address)
8. FAITH BASED COUNSELING CENTER
(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: LABAN DOYLE


Office Address: 437 SCRUB JAY DR.

SAINT AUGUSTINE, Florida 32092
(City) (Zip Code)

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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.


(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: EXECUTIVE DIRECTOR: MICHAEL COURTNEY

Address: 827 W. THOMPSON LN.

MURFREESBORO, TN 37129

Director: BRANCH DIRECTOR: LABAN DOYLE

Address: 437 SCRUB JAY DR.

ST. AUGUSTINE, FL 32092

B. OFFICERS

President: LABAN DOYLE

Address: 437 SCRUB JAY DR.

ST. AUGUSTINE, FL 32092

Vice President: AMY CONNOR

Address: 765 MEDUSA AVE

SAINT AUGUSTINE, FL 32086

Secretary: _____

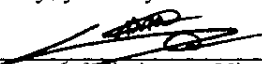
Address: _____

Treasurer: ASHLEY DOYLE

Address: 437 SCRUB JAY DR. ST. AUGUSTINE, FL 32092

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

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

14. LABAN DOYLE
(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Laban Doyle
437 Scrub Jay Dr.
St Aufustine, FL 32092

October 6, 2011

Request Type: Certificate of Existence/Authorization
Request #: 0047458

Issuance Date: 09/19/2011
Copies Requested: 1

Document Receipt

Receipt #: 542350 Filing Fee: \$20.00
Payment-Check/MO - Laban Doyle, St Aufustine, FL \$20.00

Regarding: BRANCHES RECOVERY CENTERS

Filing Type: Corporation Non-Profit - Domestic
Formation/Qualification Date: 08/30/2007
Status: Active
Duration Term: Perpetual

Control #: 557546
Date Formed: 08/30/2007
Formation Locale: Rutherford County
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

BRANCHES RECOVERY CENTERS

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

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NASHVILLE, TENNESSEE

Tre Hargett
Tre Hargett
Secretary of State

Processed By: Sheila Keeling