

F14000004541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

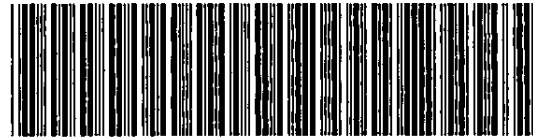
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/02/14--01014--008 \*\*78.75

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14 OCT 24 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/11-60393

MD 10/27

## COVER LETTER

**TO:** *New Filing Section  
Division of Corporations*

**SUBJECT:** ARCHway Institute for Mental Health and Addictive Disorders

*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 Status" 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:*

**Daniel L Stuckey**

*Name of Person*

**ARCHway Institute for Mental Health and Addictive Disorders Corporation**

*Firm/Company*

**3777 Candia Dr.**

*Address*

**Punta Gorda, Florida 33950**

*City/State and Zip Code*

**DStuckey57@hotmail.com**

*E-mail address: (to be used for future annual report notification)*

*For further information concerning this matter, please call:*

**Daniel L. Stuckey**  
*Name of Person*

**(314)-452-4982**  
*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:*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2014

DANIEL L. STUCKEY  
3777 CANDIA DR.  
PUNTA GORDA, FL 33950

SUBJECT: ARCHWAY INSTITUTE FOR MENTAL HEALTH AND ADDICTIVE  
DISORDERS INCORPORATED  
Ref. Number: W14000060393

We have received your document for ARCHWAY INSTITUTE FOR MENTAL HEALTH AND ADDICTIVE DISORDERS INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return 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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 714A00021205



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2014

DANIEL L. STUCKEY  
3777 CANDIA DR.  
PUNTA GORDA, FL 33950

SUBJECT: ARCHWAY INSTITUTE FOR MENTAL HEALTH AND ADDICTIVE  
DISORDERS  
Ref. Number: W14000060393

We have received your document for ARCHWAY INSTITUTE FOR MENTAL  
HEALTH AND ADDICTIVE DISORDERS and your check(s) totaling \$78.75.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

Sorry for the oversight.

The name must contain a word that will clearly indicate that it is a corporation.  
This word may be: CORPORATION, CORP., INCORPORATED, or INC.  
Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of  
the word COMPANY or CO. in the name of a non-profit corporation.

The certificate of existence must be issued within the last 90 days by the  
Secretary of State which has custody of the records in the jurisdiction under the  
laws of which the above listed entity is incorporated/organized.

Please return 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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 714A00021205

**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. **ARCHway Institute for Mental Health and Addictive Disorders Incorporated**  
(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Missouri**  
(State or country under the law of which it is incorporated)

3. **46-2500358**  
(FEI number, if applicable)

4. **3/22/2013**  
(Date of Incorporation)

5. **Perpetual**  
(Duration: Year corp. will cease to exist or "perpetual")

6. **Have not conducted any affairs yet**  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. **17300 N. Outer 40 Road Chesterfield, MO 63005**  
(Principal office address)

**17300 N. Outer 40 Road Chesterfield, MO 63005**  
(Current mailing address)

8. **Public Charity**  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

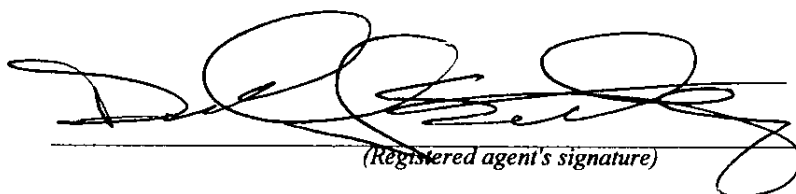
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **Daniel L. Stuckey**

Office Address: **3777 Candia Dr.**  
**Punta Gorda** **33950**  
(City) Florida (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.

  
(Registered agent's signature)

10/22/2014

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: **Daniel L. Stuckey**  
Address: **3777 Candia**  
**Punta Gorda, FL 33950**

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: **Phil Treacy**  
Address: **12961 Musket Ct**  
**St Louis, MO 63146**

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: **Suneal Menzies**  
Address: **6651 Chippewa St**  
**St Louis, MO 63109**

Vice President: **John Stuckey**  
Address: **8 Lewis Place**  
**St Louis, MO 63113**

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TALLAHASSEE, FLORIDA


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.  10/22/2014  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **Daniel L. Stuckey – Chairman of the Board ARCHway Institute for Mental Health and Addictive Disorders**  
(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

14 OCT 24 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

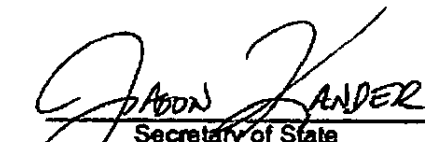
## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***ARCHway Institute for Mental Health and Addictive Disorders***  
***N01301076***

was created under the laws of this State on the 22nd day of March, 2013, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 21st day of October, 2014.

  
Secretary of State

Certification Number: CERT-10212014-0033

