

F96000002024

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Grace Community Mental Health Center of Miami Lakes, Inc.
(Name of Corporation)

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 conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Travers W. Paine III
(Name of Person)

Paine, McElreath & Hyder, P.C.
(Firm/Company)

301 Wheeler Executive Center
(Address)

Augusta, Georgia 30909
(City, State and Zip Code)

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-04/23/96--01155--001
*****70.00 *****70.00

96 APR 23 AM 8:14
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Travers W. Paine III at (706) 738 - 9710
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

LAW OFFICES

PAINE, McELREATH & HYDER

A PROFESSIONAL CORPORATION

TRAVERS W. PAINE III

301 WHEELER EXECUTIVE CENTER

3840 WHEELER ROAD

ATLANTA, GEORGIA 30308

TELEPHONE (770) 738-8710

TELECOMEN (770) 738-8701

April 19, 1996

Florida Department of State
Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Re: Grace Community Mental Health Center of Miami Lakes, Inc.

Dear Sir or Madam:

In reference to the above-stated corporation, enclosed please find the following for filing in your office:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida;
2. Georgia Certificate of Existence; and
3. Check in the amount of \$70.00.

Upon registration, please issue a letter of acknowledgement and forward the same to me at the above address. Thank you for your assistance in this matter.

Kindest regards.

Sincerely,

Courtney J. Capps

Courtney J. Capps
Paralegal for
Travers W. Paine III

**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. GRACE COMMUNITY MENTAL HEALTH CENTER OF MIAMI LAKES, 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. GEORGIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/1/95 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or
"perpetual")

6. March 4, 1996
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 617.155, F.S.)

7. 301 Wheeler Executive Center
Augusta, GA 30909
(Current mailing address)

8. operation of a community mental health 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:

CT CORPORATION SYSTEM
(Name)

1200 SOUTH PINE ISLAND ROAD
(Office address)

PLANTATION, Florida, 33324
(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.

Dale Morris
(Registered agent's signature)

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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: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Harry McD. Clark

Address: 19229 Scenic Highway 98
Fairhope, AL 36532

Vice Chairman: Deborah J. Clark

Address: 126 Durnford Hill
Daphne, AL 36526

Director: Travers W. Paine III

Address: 301 Wheeler Executive Center
Augusta, GA 30909

Director: Wallace D. Nelson

Address: 20386 Highway 13
Fairhope, AL 36532

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Harry McD. Clark

Address: 19229 Scenic Highway 98
Fairhope, AL 36532

Vice President: Deborah Clark

Address: 126 Durnford Hill
Daphne, AL 36532

Secretary: Travers W. Paine III

Address: 301 Wheeler Executive Center, Augusta, GA 30909

Treasurer: Wallace D. Nelson

Address: 20386 Highway 13, Fairhope, AL 36532

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)

Travers W. Paine III-Secretary

(Typed, or, printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960650733
CONTROL NUMBER : 9526769
DATE INC/AUTH/FILED : 09/01/1995
JURISDICTION : GEORGIA
PRINT DATE : 03/27/1996
FORM NUMBER : 0211

COURTNAY CAPPS
301 WHEELER EXECUTIVE CENTER
AUGUSTA GA 30909

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DIVISION OF CORPORATIONS
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CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GRACE COMMUNITY MENTAL HEALTH CENTER OF MIAMI LAKES, INC.
A DOMESTIC NON-PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE