

# F96000003930

LAW OFFICES

**PAINE, McELREATH & HYDER**

A PROFESSIONAL CORPORATION

TRAVERS W. PAINE III

301 WHEELER EXECUTIVE CENTER

3540 WHEELER ROAD

ALBANY, GEORGIA 31706

TELEPHONE (706) 738-9710

TELEGRAPH (706) 738-9781

July 30, 1996

100001810641  
-08/01/96--01044--003  
\*\*\*\*\*210.00 \*\*\*\*\*70.00

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

Re: CMHC of Miami Lakes, Inc.  
CMHC of Hudson, Inc.  
CMHC of Feather Sound, Inc.

Dear Sir or Madam:

In reference to each of the above-stated corporations, 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

Also enclosed is a check in the amount of \$210.00 for the filing fees. Upon registration, please issue a letter of acknowledgement for each corporation 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

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: CMHC of Miami Lakes, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business 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/Zip)

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Should you need to call someone concerning this matter, please call:

Travers W. Paine III

(Name of Person)

at ( 706 ) 738-9710

(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. CMHC of Miami Lakes, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. Georgia 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 5/20/96 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 1, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 301 Wheeler Executive Center  
Augusta, Georgia 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: (P.O. Box or Mail Drop Box NOT acceptable)**  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(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)

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.

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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: 106 Plantation Pointe Shopping Center  
Fairhope, Alabama 36532

Vice Chairman: Deborah J. Clark

Address: 106 Plantation Pointe Shopping Center  
Fairhope, Alabama 36532

Director: Wallace D. Nelson

Address: 20386 Highway 13  
Fairhope, Alabama 36532

Director: Gary Wolfe

Address: 151 South Bayview  
Fairhope, Alabama 36532

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

President: Harry McD. Clark

Address: 106 Plantation Pointe Shopping Center  
Fairhope, Alabama 36532

Vice President: Deborah J. Clark

Address: 106 Plantation Pointe Shopping Center  
Fairhope, Alabama 36532


Secretary: Wallace D. Nelson

Address: 20386 Highway 13  
Fairhope, Alabama 36532

Treasurer: Wallace D. Nelson

Address: 20386 Highway 13  
Fairhope, Alabama 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)

14. Harry McD. Clark  
(Typed or printed name and capacity of person signing application)

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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 : 961980875  
CONTROL NUMBER : 9617236  
DATE INC/AUTH/FILED : 05/20/1996  
JURISDICTION : GEORGIA  
PRINT DATE : 07/16/1996  
FORM NUMBER : 211

COURNEY CAPPS  
301 WHEELER EXECUTIVE  
AUGUSTA GA 30909

**CERTIFICATE OF EXISTENCE**

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

**CMHC OF MIAMI LAKES, INC.**  
**A DOMESTIC 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



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SECRETARY OF STATE  
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